



27 | concerns are reported to the appropriate regulatory  
 28 | oversight organization under certain circumstances;  
 29 | amending s. 400.0074, F.S.; requiring that an  
 30 | administrative assessment conducted by a local council  
 31 | be comprehensive in nature and focus on factors  
 32 | affecting the rights, health, safety, and welfare of  
 33 | nursing home residents; requiring a local council to  
 34 | conduct an exit consultation with the facility  
 35 | administrator or administrator designee to discuss  
 36 | issues and concerns in areas affecting the rights,  
 37 | health, safety, and welfare of residents and make  
 38 | recommendations for improvement; amending s. 400.0078,  
 39 | F.S.; requiring that a resident or a representative of  
 40 | a resident of a long-term care facility be informed  
 41 | that retaliatory action cannot be taken against a  
 42 | resident for presenting grievances or for exercising  
 43 | any other resident right; amending s. 409.212, F.S.;  
 44 | increasing the cap on additional supplementation a  
 45 | person may receive under certain conditions; amending  
 46 | s. 429.02, F.S.; revising the definition of the term  
 47 | "limited nursing services"; amending s. 429.07, F.S.;  
 48 | requiring that an extended congregate care license be  
 49 | issued to certain facilities that have been licensed  
 50 | as assisted living facilities under certain  
 51 | circumstances and authorizing the issuance of such  
 52 | license if a specified condition is met; providing the

53 | purpose of an extended congregate care license;  
54 | providing that the initial extended congregate care  
55 | license of an assisted living facility is provisional  
56 | under certain circumstances; requiring a licensee to  
57 | notify the Agency for Health Care Administration if it  
58 | accepts a resident who qualifies for extended  
59 | congregate care services; requiring the agency to  
60 | inspect the facility for compliance with the  
61 | requirements of an extended congregate care license;  
62 | requiring the issuance of an extended congregate care  
63 | license under certain circumstances; requiring the  
64 | licensee to immediately suspend extended congregate  
65 | care services under certain circumstances; requiring a  
66 | registered nurse representing the agency to visit the  
67 | facility at least twice a year, rather than quarterly,  
68 | to monitor residents who are receiving extended  
69 | congregate care services; authorizing the agency to  
70 | waive one of the required yearly monitoring visits  
71 | under certain circumstances; authorizing the agency to  
72 | deny or revoke a facility's extended congregate care  
73 | license; requiring a registered nurse representing the  
74 | agency to visit the facility at least annually, rather  
75 | than twice a year, to monitor residents who are  
76 | receiving limited nursing services; providing that  
77 | such monitoring visits may be conducted in conjunction  
78 | with other agency inspections; authorizing the agency

79 | to waive the required yearly monitoring visit for a  
 80 | facility that is licensed to provide limited nursing  
 81 | services under certain circumstances; amending s.  
 82 | 429.075, F.S.; requiring an assisted living facility  
 83 | that serves one or more mental health residents to  
 84 | obtain a limited mental health license; revising the  
 85 | methods employed by a limited mental health facility  
 86 | relating to placement requirements to include  
 87 | providing written evidence that a request for  
 88 | documentation was sent to the Department of Children  
 89 | and Families within 72 hours of admission; amending s.  
 90 | 429.14, F.S.; revising the circumstances under which  
 91 | the agency may deny, revoke, or suspend the license of  
 92 | an assisted living facility and impose an  
 93 | administrative fine; requiring the agency to deny or  
 94 | revoke the license of an assisted living facility  
 95 | under certain circumstances; requiring the agency to  
 96 | impose an immediate moratorium on the license of an  
 97 | assisted living facility under certain circumstances;  
 98 | deleting a provision requiring the agency to provide a  
 99 | list of facilities with denied, suspended, or revoked  
 100 | licenses to the Department of Business and  
 101 | Professional Regulation; exempting a facility from the  
 102 | 45-day notice requirement if it is required to  
 103 | relocate some or all of its residents; amending s.  
 104 | 429.178, F.S.; conforming cross-references; amending

105 s. 429.19, F.S.; revising the amounts and uses of  
 106 administrative fines; requiring the agency to levy a  
 107 fine for violations that are corrected before an  
 108 inspection if noncompliance occurred within a  
 109 specified period of time; deleting factors that the  
 110 agency is required to consider in determining  
 111 penalties and fines; amending s. 429.256, F.S.;  
 112 revising the term "assistance with self-administration  
 113 of medication" as it relates to the Assisted Living  
 114 Facilities Act; amending s. 429.27, F.S.; revising the  
 115 amount of cash for which a facility may provide  
 116 safekeeping for a resident; amending s. 429.28, F.S.;  
 117 providing notice requirements to inform facility  
 118 residents that the identity of the resident and  
 119 complainant in any complaint made to the State Long-  
 120 Term Care Ombudsman Program or a local long-term care  
 121 ombudsman council is confidential and that retaliatory  
 122 action cannot be taken against a resident for  
 123 presenting grievances or for exercising any other  
 124 resident right; requiring that a facility that  
 125 terminates an individual's residency after the filing  
 126 of a complaint be fined if good cause is not shown for  
 127 the termination; requiring the agency to adopt rules  
 128 to be used to determine compliance with facility  
 129 standards and resident's rights; amending s. 429.34,  
 130 F.S.; requiring certain persons to report elder abuse

131 in assisted living facilities; requiring the agency to  
 132 regularly inspect every licensed assisted living  
 133 facility; requiring the agency to conduct more  
 134 frequent inspections under certain circumstances;  
 135 requiring the licensee to pay a fee for the cost of  
 136 additional inspections; requiring the agency to  
 137 annually adjust the fee; amending s. 429.41, F.S.;  
 138 providing that certain staffing requirements apply  
 139 only to residents in continuing care facilities who  
 140 are receiving the relevant service; amending s.  
 141 429.52, F.S.; requiring each newly hired employee of  
 142 an assisted living facility to attend a preservice  
 143 orientation provided by the assisted living facility;  
 144 requiring the employee and administrator to sign a  
 145 statement that the employee completed the required  
 146 pre-service orientation and keep the signed statement  
 147 in the employee's personnel record; requiring  
 148 additional hours of training for assistance with  
 149 medication; conforming a cross-reference; requiring  
 150 the Office of Program Policy Analysis and Government  
 151 Accountability to study the reliability of facility  
 152 surveys and submit to the Governor and the Legislature  
 153 its findings and recommendations; requiring the agency  
 154 to create content for the agency's website that makes  
 155 available to consumers information regarding assisted  
 156 living facilities; providing criteria for the content;

157 | authorizing the agency to create and maintain a  
 158 | monitored comment page for the public to anonymously  
 159 | comment on assisted living facilities in the state;  
 160 | providing appropriations and authorizing a position;  
 161 | amending s. 395.001, F.S.; providing legislative  
 162 | intent regarding recovery care centers; amending s.  
 163 | 395.002, F.S.; revising and providing definitions;  
 164 | amending s. 395.003, F.S.; including recovery care  
 165 | centers as facilities licensed under chapter 395,  
 166 | F.S.; creating s. 395.0171, F.S.; providing admission  
 167 | criteria for a recovery care center; requiring  
 168 | emergency care, transfer, and discharge protocols;  
 169 | authorizing the agency to adopt rules; amending s.  
 170 | 395.1055, F.S.; authorizing the agency to establish  
 171 | separate standards for the care and treatment of  
 172 | patients in recovery care centers; amending s.  
 173 | 395.10973, F.S.; directing the agency to enforce  
 174 | special-occupancy provisions of the Florida Building  
 175 | Code applicable to recovery care centers; amending s.  
 176 | 395.301, F.S.; providing for format and content of a  
 177 | patient bill from a recovery care center; amending s.  
 178 | 408.802, F.S.; providing applicability of the Health  
 179 | Care Licensing Procedures Act to recovery care  
 180 | centers; amending s. 408.820, F.S.; exempting recovery  
 181 | care centers from specified minimum licensure  
 182 | requirements; amending ss. 394.4787, 409.97, and

183 409.975, F.S.; conforming cross-references; creating  
 184 part XI of chapter 400, F.S.; providing legislative  
 185 intent; providing definitions; requiring the licensure  
 186 of transitional living facilities; providing license  
 187 fees and application requirements; requiring  
 188 accreditation of licensed facilities; providing  
 189 requirements for transitional living facility policies  
 190 and procedures governing client admission, transfer,  
 191 and discharge; requiring a comprehensive treatment  
 192 plan to be developed for each client; providing plan  
 193 and staffing requirements; requiring certain consent  
 194 for continued treatment in a transitional living  
 195 facility; providing licensee responsibilities;  
 196 providing notice requirements; prohibiting a licensee  
 197 or employee of a facility from serving notice upon a  
 198 client to leave the premises or take other retaliatory  
 199 action under certain circumstances; requiring the  
 200 client and client's representative to be provided with  
 201 certain information; requiring the licensee to develop  
 202 and implement certain policies and procedures;  
 203 providing licensee requirements relating to  
 204 administration of medication; requiring maintenance of  
 205 medication administration records; providing  
 206 requirements for administration of medications by  
 207 unlicensed staff; specifying who may conduct training  
 208 of staff; requiring licensees to adopt policies and

209 | procedures for administration of medications by  
 210 | trained staff; requiring the Agency for Health Care  
 211 | Administration to adopt rules; providing requirements  
 212 | for the screening of potential employees and training  
 213 | and monitoring of employees for the protection of  
 214 | clients; requiring licensees to implement certain  
 215 | policies and procedures to protect clients; providing  
 216 | conditions for investigating and reporting incidents  
 217 | of abuse, neglect, mistreatment, or exploitation of  
 218 | clients; providing requirements and limitations for  
 219 | the use of physical restraints, seclusion, and  
 220 | chemical restraint medication on clients; providing a  
 221 | limitation on the duration of an emergency treatment  
 222 | order; requiring notification of certain persons when  
 223 | restraint or seclusion is imposed; authorizing the  
 224 | agency to adopt rules; providing background screening  
 225 | requirements; requiring the licensee to maintain  
 226 | certain personnel records; providing administrative  
 227 | responsibilities for licensees; providing  
 228 | recordkeeping requirements; providing licensee  
 229 | responsibilities with respect to the property and  
 230 | personal affairs of clients; providing requirements  
 231 | for a licensee with respect to obtaining surety bonds;  
 232 | providing recordkeeping requirements relating to the  
 233 | safekeeping of personal effects; providing  
 234 | requirements for trust funds or other property

235 received by a licensee and credited to the client;  
 236 providing a penalty for certain misuse of a client's  
 237 personal funds, property, or personal needs allowance;  
 238 providing criminal penalties for violations; providing  
 239 for the disposition of property in the event of the  
 240 death of a client; authorizing the agency to adopt  
 241 rules; providing legislative intent; authorizing the  
 242 agency to adopt and enforce rules establishing  
 243 standards for transitional living facilities and  
 244 personnel thereof; classifying violations and  
 245 providing penalties therefor; providing administrative  
 246 fines for specified classes of violations; authorizing  
 247 the agency to apply certain provisions with regard to  
 248 receivership proceedings; requiring the agency, the  
 249 Department of Health, the Agency for Persons with  
 250 Disabilities, and the Department of Children and  
 251 Families to develop electronic information systems for  
 252 certain purposes; repealing s. 400.805, F.S., relating  
 253 to transitional living facilities; revising the title  
 254 of part V of chapter 400, F.S.; amending s. 381.745,  
 255 F.S.; revising the definition of the term  
 256 "transitional living facility," to conform; amending  
 257 s. 381.75, F.S.; revising the duties of the Department  
 258 of Health and the agency relating to transitional  
 259 living facilities; amending ss. 381.78, 400.93,  
 260 408.802, and 408.820, F.S.; conforming provisions to

261 changes made by the act; providing applicability with  
 262 respect to transitional living facilities licensed  
 263 before a specified date; creating s. 752.011, F.S.;  
 264 authorizing the grandparent of a minor child to  
 265 petition a court for visitation under certain  
 266 circumstances; requiring a preliminary hearing;  
 267 providing for the payment of attorney fees and costs  
 268 by a petitioner who fails to make a prima facie  
 269 showing of harm; authorizing grandparent visitation  
 270 upon specific court findings; providing factors for  
 271 court consideration; providing for application of the  
 272 Uniform Child Custody Jurisdiction and Enforcement  
 273 Act; encouraging the consolidation of certain  
 274 concurrent actions; providing for modification of an  
 275 order awarding grandparent visitation; limiting the  
 276 frequency of actions seeking visitation; limiting  
 277 application to a minor child placed for adoption;  
 278 providing for venue; creating s. 752.071, F.S.;  
 279 providing conditions under which a court may terminate  
 280 a grandparent visitation order upon adoption of a  
 281 minor child by a stepparent or close relative;  
 282 amending s. 752.015, F.S.; conforming provisions and  
 283 cross-references to changes made by the act; repealing  
 284 s. 752.01, F.S., relating to actions by a grandparent  
 285 for visitation rights; repealing s. 752.07, F.S.,  
 286 relating to the effect of adoption of a child by a

287 stepparent on grandparent visitation rights; amending  
 288 s. 395.003, F.S.; revising provisions relating to the  
 289 provision of cardiovascular services by a hospital;  
 290 amending s. 400.474, F.S.; revising the report  
 291 requirements for home health agencies; providing an  
 292 effective date.

293  
 294 Be It Enacted by the Legislature of the State of Florida:

295  
 296 Section 1. Section 394.4574, Florida Statutes, is amended  
 297 to read:

298 394.4574 ~~Department~~ Responsibilities for coordination of  
 299 services for a mental health resident who resides in an assisted  
 300 living facility that holds a limited mental health license.—

301 (1) As used in this section, the term "mental health  
 302 resident," ~~for purposes of this section,~~ means an individual who  
 303 receives social security disability income due to a mental  
 304 disorder as determined by the Social Security Administration or  
 305 receives supplemental security income due to a mental disorder  
 306 as determined by the Social Security Administration and receives  
 307 optional state supplementation.

308 (2) Medicaid managed care plans are responsible for  
 309 Medicaid enrolled mental health residents, and managing entities  
 310 under contract with the department are responsible for mental  
 311 health residents who are not enrolled in a Medicaid health plan.

312 A Medicaid managed care plan or a managing entity shall ~~The~~

313 ~~department must ensure that:~~

314 (a) A mental health resident has been assessed by a  
 315 psychiatrist, clinical psychologist, clinical social worker, or  
 316 psychiatric nurse, or an individual who is supervised by one of  
 317 these professionals, and determined to be appropriate to reside  
 318 in an assisted living facility. The documentation must be  
 319 provided to the administrator of the facility within 30 days  
 320 after the mental health resident has been admitted to the  
 321 facility. An evaluation completed upon discharge from a state  
 322 mental hospital meets the requirements of this subsection  
 323 related to appropriateness for placement as a mental health  
 324 resident if it was completed within 90 days before ~~prior to~~  
 325 admission to the facility.

326 (b) A cooperative agreement, as required in s. 429.075, is  
 327 developed by ~~between~~ the mental health care services provider  
 328 that serves a mental health resident and the administrator of  
 329 the assisted living facility with a limited mental health  
 330 license in which the mental health resident is living. ~~Any~~  
 331 ~~entity that provides Medicaid prepaid health plan services shall~~  
 332 ~~ensure the appropriate coordination of health care services with~~  
 333 ~~an assisted living facility in cases where a Medicaid recipient~~  
 334 ~~is both a member of the entity's prepaid health plan and a~~  
 335 ~~resident of the assisted living facility. If the entity is at~~  
 336 ~~risk for Medicaid targeted case management and behavioral health~~  
 337 ~~services, the entity shall inform the assisted living facility~~  
 338 ~~of the procedures to follow should an emergent condition arise.~~

339 (c) The community living support plan, as defined in s.  
 340 429.02, has been prepared by a mental health resident and his or  
 341 her a mental health case manager ~~of that resident~~ in  
 342 consultation with the administrator of the facility or the  
 343 administrator's designee. The plan must be completed and  
 344 provided to the administrator of the assisted living facility  
 345 with a limited mental health license in which the mental health  
 346 resident lives within 30 days after the resident's admission.  
 347 The support plan and the agreement may be in one document.

348 (d) The assisted living facility with a limited mental  
 349 health license is provided with documentation that the  
 350 individual meets the definition of a mental health resident.

351 (e) The mental health services provider assigns a case  
 352 manager to each mental health resident for whom the entity is  
 353 responsible ~~who lives in an assisted living facility with a~~  
 354 ~~limited mental health license.~~ The case manager shall coordinate  
 355 ~~is responsible for coordinating~~ the development ~~of~~ and  
 356 implementation of the community living support plan defined in  
 357 s. 429.02. The plan must be updated at least annually, or when  
 358 there is a significant change in the resident's behavioral  
 359 health status, such as an inpatient admission or a change in  
 360 medication, level of service, or residence. Each case manager  
 361 shall keep a record of the date and time of any face-to-face  
 362 interaction with the resident and make the record available to  
 363 the responsible entity for inspection. The record must be  
 364 retained for at least 2 years after the date of the most recent

365 interaction.

366 (f) Adequate and consistent monitoring and implementation  
 367 of community living support plans and cooperative agreements are  
 368 conducted by the resident's case manager.

369 (g) Concerns are reported to the appropriate regulatory  
 370 oversight organization if a regulated provider fails to deliver  
 371 appropriate services or otherwise acts in a manner that has the  
 372 potential to result in harm to the resident.

373 (3) The Secretary of Children and Families ~~Family~~  
 374 ~~Services~~, in consultation with the Agency for Health Care  
 375 Administration, shall ~~annually~~ require each district  
 376 administrator to develop, with community input, a detailed  
 377 annual plan that demonstrates ~~detailed plans that demonstrate~~  
 378 how the district will ensure the provision of state-funded  
 379 mental health and substance abuse treatment services to  
 380 residents of assisted living facilities that hold a limited  
 381 mental health license. This plan ~~These plans~~ must be consistent  
 382 with the substance abuse and mental health district plan  
 383 developed pursuant to s. 394.75 and must address case management  
 384 services; access to consumer-operated drop-in centers; access to  
 385 services during evenings, weekends, and holidays; supervision of  
 386 the clinical needs of the residents; and access to emergency  
 387 psychiatric care.

388 Section 2. Subsection (1) of section 400.0074, Florida  
 389 Statutes, is amended, and paragraph (h) is added to subsection  
 390 (2) of that section, to read:

391 400.0074 Local ombudsman council onsite administrative  
 392 assessments.-

393 (1) In addition to any specific investigation conducted  
 394 pursuant to a complaint, the local council shall conduct, at  
 395 least annually, an onsite administrative assessment of each  
 396 nursing home, assisted living facility, and adult family-care  
 397 home within its jurisdiction. This administrative assessment  
 398 must be comprehensive in nature and must ~~shall~~ focus on factors  
 399 affecting residents' the rights, health, safety, and welfare ~~of~~  
 400 ~~the residents~~. Each local council is encouraged to conduct a  
 401 similar onsite administrative assessment of each additional  
 402 long-term care facility within its jurisdiction.

403 (2) An onsite administrative assessment conducted by a  
 404 local council shall be subject to the following conditions:

405 (h) The local council shall conduct an exit consultation  
 406 with the facility administrator or administrator designee to  
 407 discuss issues and concerns in areas affecting residents'  
 408 rights, health, safety, and welfare and, if needed, make  
 409 recommendations for improvement.

410 Section 3. Subsection (2) of section 400.0078, Florida  
 411 Statutes, is amended to read:

412 400.0078 Citizen access to State Long-Term Care Ombudsman  
 413 Program services.-

414 (2) ~~Every resident or representative of a resident shall~~  
 415 ~~receive,~~ Upon admission to a long-term care facility, each  
 416 resident or representative of a resident must receive

417 information regarding the purpose of the State Long-Term Care  
 418 Ombudsman Program, the statewide toll-free telephone number for  
 419 receiving complaints, information that retaliatory action cannot  
 420 be taken against a resident for presenting grievances or for  
 421 exercising any other resident right, and other relevant  
 422 information regarding how to contact the program. Each resident  
 423 or his or her representative ~~Residents or their representatives~~  
 424 must be furnished additional copies of this information upon  
 425 request.

426 Section 4. Paragraph (c) of subsection (4) of section  
 427 409.212, Florida Statutes, is amended to read:

428 409.212 Optional supplementation.—

429 (4) In addition to the amount of optional supplementation  
 430 provided by the state, a person may receive additional  
 431 supplementation from third parties to contribute to his or her  
 432 cost of care. Additional supplementation may be provided under  
 433 the following conditions:

434 (c) The additional supplementation shall not exceed four  
 435 ~~two~~ times the provider rate recognized under the optional state  
 436 supplementation program.

437 Section 5. Subsection (13) of section 429.02, Florida  
 438 Statutes, is amended to read:

439 429.02 Definitions.—When used in this part, the term:

440 (13) "Limited nursing services" means acts that may be  
 441 performed by a person licensed under ~~pursuant to~~ part I of  
 442 chapter 464. ~~by persons licensed thereunder while carrying out~~

443 ~~their professional duties but limited to those acts which the~~  
 444 ~~department specifies by rule. Acts which may be specified by~~  
 445 ~~rule as allowable limited~~ Limited nursing services shall be for  
 446 persons who meet the admission criteria established by the  
 447 department for assisted living facilities and shall not be  
 448 complex enough to require 24-hour nursing supervision and may  
 449 include such services as the application and care of routine  
 450 dressings, and care of casts, braces, and splints.

451 Section 6. Paragraphs (b) and (c) of subsection (3) of  
 452 section 429.07, Florida Statutes, are amended to read:

453 429.07 License required; fee.—

454 (3) In addition to the requirements of s. 408.806, each  
 455 license granted by the agency must state the type of care for  
 456 which the license is granted. Licenses shall be issued for one  
 457 or more of the following categories of care: standard, extended  
 458 congregate care, limited nursing services, or limited mental  
 459 health.

460 (b) An extended congregate care license shall be issued to  
 461 each facility that has been licensed as an assisted living  
 462 facility for 2 or more years and that provides services  
 463 ~~facilities providing~~, directly or through contract, ~~services~~  
 464 beyond those authorized in paragraph (a), including services  
 465 performed by persons licensed under part I of chapter 464 and  
 466 supportive services, as defined by rule, to persons who would  
 467 otherwise be disqualified from continued residence in a facility  
 468 licensed under this part. An extended congregate care license

469 may be issued to a facility that has a provisional extended  
 470 congregate care license and meets the requirements for licensure  
 471 under subparagraph 2. The primary purpose of extended congregate  
 472 care services is to allow residents the option of remaining in a  
 473 familiar setting from which they would otherwise be disqualified  
 474 for continued residency as they become more impaired. A facility  
 475 licensed to provide extended congregate care services may also  
 476 admit an individual who exceeds the admission criteria for a  
 477 facility with a standard license, if he or she is determined  
 478 appropriate for admission to the extended congregate care  
 479 facility.

480 1. In order for extended congregate care services to be  
 481 provided, the agency must first determine that all requirements  
 482 established in law and rule are met and must specifically  
 483 designate, on the facility's license, that such services may be  
 484 provided and whether the designation applies to all or part of  
 485 the facility. This ~~Such~~ designation may be made at the time of  
 486 initial licensure or relicensure, or upon request in writing by  
 487 a licensee under this part and part II of chapter 408. The  
 488 notification of approval or the denial of the request shall be  
 489 made in accordance with part II of chapter 408. Each existing  
 490 facility that qualifies ~~facilities qualifying~~ to provide  
 491 extended congregate care services must have maintained a  
 492 standard license and may not have been subject to administrative  
 493 sanctions during the previous 2 years, or since initial  
 494 licensure if the facility has been licensed for less than 2

495 years, for any of the following reasons:

- 496 a. A class I or class II violation;
- 497 b. Three or more repeat or recurring class III violations
- 498 of identical or similar resident care standards from which a
- 499 pattern of noncompliance is found by the agency;
- 500 c. Three or more class III violations that were not
- 501 corrected in accordance with the corrective action plan approved
- 502 by the agency;
- 503 d. Violation of resident care standards which results in
- 504 requiring the facility to employ the services of a consultant
- 505 pharmacist or consultant dietitian;
- 506 e. Denial, suspension, or revocation of a license for
- 507 another facility licensed under this part in which the applicant
- 508 for an extended congregate care license has at least 25 percent
- 509 ownership interest; or
- 510 f. Imposition of a moratorium pursuant to this part or
- 511 part II of chapter 408 or initiation of injunctive proceedings.

512  
 513 The agency may deny or revoke a facility's extended congregate  
 514 care license for not meeting the criteria for an extended  
 515 congregate care license as provided in this subparagraph.

516 2. If an assisted living facility has been licensed for  
 517 less than 2 years, the initial extended congregate care license  
 518 must be provisional and may not exceed 6 months. Within the  
 519 first 3 months after the provisional license is issued, the  
 520 licensee shall notify the agency, in writing, when it has

521 admitted at least one extended congregate care resident, after  
 522 which an unannounced inspection shall be made to determine  
 523 compliance with requirements of an extended congregate care  
 524 license. Failure to admit an extended congregate care resident  
 525 within the first 3 months shall render the extended congregate  
 526 care license void. A licensee with a provisional extended  
 527 congregate care license that demonstrates compliance with all of  
 528 the requirements of an extended congregate care license during  
 529 the inspection shall be issued an extended congregate care  
 530 license. In addition to sanctions authorized under this part, if  
 531 violations are found during the inspection and the licensee  
 532 fails to demonstrate compliance with all assisted living  
 533 facility? requirements during a followup inspection, the  
 534 licensee shall immediately suspend extended congregate care  
 535 services, and the provisional extended congregate care license  
 536 expires. The agency may extend the provisional license for not  
 537 more than 1 month in order to complete a followup visit.

538 3.2- A facility that is licensed to provide extended  
 539 congregate care services shall maintain a written progress  
 540 report on each person who receives services which describes the  
 541 type, amount, duration, scope, and outcome of services that are  
 542 rendered and the general status of the resident's health. A  
 543 registered nurse, or appropriate designee, representing the  
 544 agency shall visit the facility at least twice a year ~~quarterly~~  
 545 to monitor residents who are receiving extended congregate care  
 546 services and to determine if the facility is in compliance with

547 | this part, part II of chapter 408, and relevant rules. One of  
 548 | the visits may be in conjunction with the regular survey. The  
 549 | monitoring visits may be provided through contractual  
 550 | arrangements with appropriate community agencies. A registered  
 551 | nurse shall serve as part of the team that inspects the  
 552 | facility. The agency may waive one of the required yearly  
 553 | monitoring visits for a facility that has:

554 |     a. Held an extended congregate care license for at least  
 555 | 24 months; been licensed for at least 24 months to provide  
 556 | ~~extended congregate care services, if, during the inspection,~~  
 557 | ~~the registered nurse determines that extended congregate care~~  
 558 | ~~services are being provided appropriately, and if the facility~~  
 559 | ~~has~~

560 |     b. No class I or class II violations and no uncorrected  
 561 | class III violations; and

562 |     c. No ombudsman council complaints that resulted in a  
 563 | citation for licensure ~~The agency must first consult with the~~  
 564 | ~~long term care ombudsman council for the area in which the~~  
 565 | ~~facility is located to determine if any complaints have been~~  
 566 | ~~made and substantiated about the quality of services or care.~~  
 567 | ~~The agency may not waive one of the required yearly monitoring~~  
 568 | ~~visits if complaints have been made and substantiated.~~

569 |     ~~4.3.~~ A facility that is licensed to provide extended  
 570 | congregate care services must:

571 |     a. Demonstrate the capability to meet unanticipated  
 572 | resident service needs.

573           b. Offer a physical environment that promotes a homelike  
 574 setting, provides for resident privacy, promotes resident  
 575 independence, and allows sufficient congregate space as defined  
 576 by rule.

577           c. Have sufficient staff available, taking into account  
 578 the physical plant and firesafety features of the building, to  
 579 assist with the evacuation of residents in an emergency.

580           d. Adopt and follow policies and procedures that maximize  
 581 resident independence, dignity, choice, and decisionmaking to  
 582 permit residents to age in place, so that moves due to changes  
 583 in functional status are minimized or avoided.

584           e. Allow residents or, if applicable, a resident's  
 585 representative, designee, surrogate, guardian, or attorney in  
 586 fact to make a variety of personal choices, participate in  
 587 developing service plans, and share responsibility in  
 588 decisionmaking.

589           f. Implement the concept of managed risk.

590           g. Provide, directly or through contract, the services of  
 591 a person licensed under part I of chapter 464.

592           h. In addition to the training mandated in s. 429.52,  
 593 provide specialized training as defined by rule for facility  
 594 staff.

595           5.4. A facility that is licensed to provide extended  
 596 congregate care services is exempt from the criteria for  
 597 continued residency set forth in rules adopted under s. 429.41.  
 598 A licensed facility must adopt its own requirements within

599 guidelines for continued residency set forth by rule. However,  
 600 the facility may not serve residents who require 24-hour nursing  
 601 supervision. A licensed facility that provides extended  
 602 congregate care services must also provide each resident with a  
 603 written copy of facility policies governing admission and  
 604 retention.

605 ~~5. The primary purpose of extended congregate care~~  
 606 ~~services is to allow residents, as they become more impaired,~~  
 607 ~~the option of remaining in a familiar setting from which they~~  
 608 ~~would otherwise be disqualified for continued residency. A~~  
 609 ~~facility licensed to provide extended congregate care services~~  
 610 ~~may also admit an individual who exceeds the admission criteria~~  
 611 ~~for a facility with a standard license, if the individual is~~  
 612 ~~determined appropriate for admission to the extended congregate~~  
 613 ~~care facility.~~

614 6. Before the admission of an individual to a facility  
 615 licensed to provide extended congregate care services, the  
 616 individual must undergo a medical examination as provided in s.  
 617 429.26(4) and the facility must develop a preliminary service  
 618 plan for the individual.

619 7. If ~~When~~ a facility can no longer provide or arrange for  
 620 services in accordance with the resident's service plan and  
 621 needs and the facility's policy, the facility must ~~shall~~ make  
 622 arrangements for relocating the person in accordance with s.  
 623 429.28(1)(k).

624 ~~8. Failure to provide extended congregate care services~~

625 ~~may result in denial of extended congregate care license~~  
 626 ~~renewal.~~

627 (c) A limited nursing services license shall be issued to  
 628 a facility that provides services beyond those authorized in  
 629 paragraph (a) and as specified in this paragraph.

630 1. In order for limited nursing services to be provided in  
 631 a facility licensed under this part, the agency must first  
 632 determine that all requirements established in law and rule are  
 633 met and must specifically designate, on the facility's license,  
 634 that such services may be provided. This ~~Such~~ designation may be  
 635 made at the time of initial licensure or licensure renewal  
 636 ~~relicensure~~, or upon request in writing by a licensee under this  
 637 part and part II of chapter 408. Notification of approval or  
 638 denial of such request shall be made in accordance with part II  
 639 of chapter 408. An existing facility that qualifies ~~facilities~~  
 640 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have  
 641 maintained a standard license and may not have been subject to  
 642 administrative sanctions that affect the health, safety, and  
 643 welfare of residents for the previous 2 years or since initial  
 644 licensure if the facility has been licensed for less than 2  
 645 years.

646 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide  
 647 limited nursing services shall maintain a written progress  
 648 report on each person who receives such nursing services. The  
 649 ~~which~~ report must describe ~~describes~~ the type, amount, duration,  
 650 scope, and outcome of services that are rendered and the general

651 status of the resident's health. A registered nurse representing  
 652 the agency shall visit the facility ~~such facilities~~ at least  
 653 annually ~~twice a year~~ to monitor residents who are receiving  
 654 limited nursing services and to determine if the facility is in  
 655 compliance with applicable provisions of this part, part II of  
 656 chapter 408, and related rules. The monitoring visits may be  
 657 provided through contractual arrangements with appropriate  
 658 community agencies. A registered nurse shall also serve as part  
 659 of the team that inspects such facility. Visits may be in  
 660 conjunction with other agency inspections. The agency may waive  
 661 the required yearly monitoring visit for a facility that has:

- 662 a. Had a limited nursing services license for at least 24  
 663 months;
- 664 b. No class I or class II violations and no uncorrected  
 665 class III violations; and
- 666 c. No ombudsman council complaints that resulted in a  
 667 citation for licensure.

668 3. A person who receives limited nursing services under  
 669 this part must meet the admission criteria established by the  
 670 agency for assisted living facilities. When a resident no longer  
 671 meets the admission criteria for a facility licensed under this  
 672 part, arrangements for relocating the person shall be made in  
 673 accordance with s. 429.28(1)(k), unless the facility is licensed  
 674 to provide extended congregate care services.

675 Section 7. Section 429.075, Florida Statutes, is amended  
 676 to read:

677 429.075 Limited mental health license.—An assisted living  
 678 facility that serves one ~~three~~ or more mental health residents  
 679 must obtain a limited mental health license.

680 (1) To obtain a limited mental health license, a facility  
 681 must hold a standard license as an assisted living facility,  
 682 must not have any current uncorrected ~~deficiencies or~~  
 683 violations, and must ensure that, within 6 months after  
 684 receiving a limited mental health license, the facility  
 685 administrator and the staff of the facility who are in direct  
 686 contact with mental health residents must complete training of  
 687 no less than 6 hours related to their duties. This ~~Such~~  
 688 designation may be made at the time of initial licensure or  
 689 relicensure or upon request in writing by a licensee under this  
 690 part and part II of chapter 408. Notification of approval or  
 691 denial of such request shall be made in accordance with this  
 692 part, part II of chapter 408, and applicable rules. This  
 693 training must ~~will~~ be provided by or approved by the Department  
 694 of Children and Families ~~Family Services~~.

695 (2) A facility that is ~~Facilities~~ licensed to provide  
 696 services to mental health residents must ~~shall~~ provide  
 697 appropriate supervision and staffing to provide for the health,  
 698 safety, and welfare of such residents.

699 (3) A facility that has a limited mental health license  
 700 must:

701 (a) Have a copy of each mental health resident's community  
 702 living support plan and the cooperative agreement with the

703 mental health care services provider. The support plan and the  
704 agreement may be combined.

705 (b) Have documentation ~~that is~~ provided by the Department  
706 of Children and Families ~~Family Services~~ that each mental health  
707 resident has been assessed and determined to be able to live in  
708 the community in an assisted living facility that has ~~with~~ a  
709 limited mental health license or provide written evidence that a  
710 request for documentation was sent to the Department of Children  
711 and Families within 72 hours of admission.

712 (c) Make the community living support plan available for  
713 inspection by the resident, the resident's legal guardian or,  
714 ~~the resident's~~ health care surrogate, and other individuals who  
715 have a lawful basis for reviewing this document.

716 (d) Assist the mental health resident in carrying out the  
717 activities identified in the individual's community living  
718 support plan.

719 (4) A facility that has ~~with~~ a limited mental health  
720 license may enter into a cooperative agreement with a private  
721 mental health provider. For purposes of the limited mental  
722 health license, the private mental health provider may act as  
723 the case manager.

724 Section 8. Section 429.14, Florida Statutes, is amended to  
725 read:

726 429.14 Administrative penalties.—

727 (1) In addition to the requirements of part II of chapter  
728 408, the agency may deny, revoke, and suspend any license issued

729 under this part and impose an administrative fine in the manner  
 730 provided in chapter 120 against a licensee for a violation of  
 731 any provision of this part, part II of chapter 408, or  
 732 applicable rules, or for any of the following actions by a  
 733 licensee, ~~for the actions of~~ any person subject to level 2  
 734 background screening under s. 408.809, or ~~for the actions of~~ any  
 735 facility staff ~~employee~~:

736 (a) An intentional or negligent act seriously affecting  
 737 the health, safety, or welfare of a resident of the facility.

738 (b) A ~~The~~ determination by the agency that the owner lacks  
 739 the financial ability to provide continuing adequate care to  
 740 residents.

741 (c) Misappropriation or conversion of the property of a  
 742 resident of the facility.

743 (d) Failure to follow the criteria and procedures provided  
 744 under part I of chapter 394 relating to the transportation,  
 745 voluntary admission, and involuntary examination of a facility  
 746 resident.

747 (e) A citation for ~~of~~ any of the following violations  
 748 ~~deficiencies~~ as specified in s. 429.19:

- 749 1. One or more cited class I violations ~~deficiencies~~.
- 750 2. Three or more cited class II violations ~~deficiencies~~.
- 751 3. Five or more cited class III violations ~~deficiencies~~  
 752 that have been cited on a single survey and have not been  
 753 corrected within the times specified.

754 (f) Failure to comply with the background screening

755 standards of this part, s. 408.809(1), or chapter 435.

756 (g) Violation of a moratorium.

757 (h) Failure of the license applicant, the licensee during  
758 relicensure, or a licensee that holds a provisional license to  
759 meet the minimum license requirements of this part, or related  
760 rules, at the time of license application or renewal.

761 (i) An intentional or negligent life-threatening act in  
762 violation of the uniform firesafety standards for assisted  
763 living facilities or other firesafety standards which ~~that~~  
764 threatens the health, safety, or welfare of a resident of a  
765 facility, as communicated to the agency by the local authority  
766 having jurisdiction or the State Fire Marshal.

767 (j) Knowingly operating any unlicensed facility or  
768 providing without a license any service that must be licensed  
769 under this chapter or chapter 400.

770 (k) Any act constituting a ground upon which application  
771 for a license may be denied.

772 (2) Upon notification by the local authority having  
773 jurisdiction or by the State Fire Marshal, the agency may deny  
774 or revoke the license of an assisted living facility that fails  
775 to correct cited fire code violations that affect or threaten  
776 the health, safety, or welfare of a resident of a facility.

777 (3) The agency may deny or revoke a license of an ~~to any~~  
778 applicant or a controlling interest as defined in part II of  
779 chapter 408 which has or had a 25 percent ~~25-percent~~ or greater  
780 financial or ownership interest in any other facility that is

781 licensed under this part, or in any entity licensed by this  
 782 state or another state to provide health or residential care, if  
 783 that ~~which~~ facility or entity during the 5 years prior to the  
 784 application for a license closed due to financial inability to  
 785 operate; had a receiver appointed or a license denied,  
 786 suspended, or revoked; was subject to a moratorium; or had an  
 787 injunctive proceeding initiated against it.

788 (4) The agency shall deny or revoke the license of an  
 789 assisted living facility if:

790 (a) There are two moratoria, issued pursuant to this part  
 791 or part II of chapter 408, within a 2-year period which are  
 792 imposed by final order;

793 (b) The facility is cited for two or more class I  
 794 violations arising from unrelated circumstances during the same  
 795 survey or investigation; or

796 (c) The facility is cited for two or more class I  
 797 violations arising from separate surveys or investigations  
 798 within a 2-year period ~~that has two or more class I violations~~  
 799 ~~that are similar or identical to violations identified by the~~  
 800 ~~agency during a survey, inspection, monitoring visit, or~~  
 801 ~~complaint investigation occurring within the previous 2 years.~~

802 (5) An action taken by the agency to suspend, deny, or  
 803 revoke a facility's license under this part or part II of  
 804 chapter 408, in which the agency claims that the facility owner  
 805 or an employee of the facility has threatened the health,  
 806 safety, or welfare of a resident of the facility, must be heard

807 by the Division of Administrative Hearings of the Department of  
 808 Management Services within 120 days after receipt of the  
 809 facility's request for a hearing, unless that time limitation is  
 810 waived by both parties. The administrative law judge shall ~~must~~  
 811 render a decision within 30 days after receipt of a proposed  
 812 recommended order.

813 (6) As provided under s. 408.814, the agency shall impose  
 814 an immediate moratorium on an assisted living facility that  
 815 fails to provide the agency with access to the facility or  
 816 prohibits the agency from conducting a regulatory inspection.  
 817 The licensee may not restrict agency staff from accessing and  
 818 copying records or from conducting confidential interviews with  
 819 facility staff or any individual who receives services from the  
 820 facility ~~provide to the Division of Hotels and Restaurants of~~  
 821 ~~the Department of Business and Professional Regulation, on a~~  
 822 ~~monthly basis, a list of those assisted living facilities that~~  
 823 ~~have had their licenses denied, suspended, or revoked or that~~  
 824 ~~are involved in an appellate proceeding pursuant to s. 120.60~~  
 825 ~~related to the denial, suspension, or revocation of a license.~~

826 (7) Agency notification of a license suspension or  
 827 revocation, or denial of a license renewal, shall be posted and  
 828 visible to the public at the facility.

829 (8) If a facility is required to relocate some or all of  
 830 its residents due to agency action, that facility is exempt from  
 831 the 45-days' notice requirement imposed under s. 429.28(1)(k).  
 832 This subsection does not exempt the facility from any deadlines

833 for corrective action set by the agency.

834 Section 9. Paragraphs (a) and (b) of subsection (2) of  
835 section 429.178, Florida Statutes, are amended to read:

836 429.178 Special care for persons with Alzheimer's disease  
837 or other related disorders.—

838 (2) (a) An individual who is employed by a facility that  
839 provides special care for residents who have ~~with~~ Alzheimer's  
840 disease or other related disorders, and who has regular contact  
841 with such residents, must complete up to 4 hours of initial  
842 dementia-specific training developed or approved by the  
843 department. The training must ~~shall~~ be completed within 3 months  
844 after beginning employment and satisfy ~~shall satisfy~~ the core  
845 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

846 (b) A direct caregiver who is employed by a facility that  
847 provides special care for residents who have ~~with~~ Alzheimer's  
848 disease or other related disorders, ~~and who~~ provides direct care  
849 to such residents, ~~must~~ complete the required initial training  
850 and 4 additional hours of training developed or approved by the  
851 department. The training must ~~shall~~ be completed within 9 months  
852 after beginning employment and satisfy ~~shall satisfy~~ the core  
853 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

854 Section 10. Section 429.19, Florida Statutes, is amended  
855 to read:

856 429.19 Violations; imposition of administrative fines;  
857 grounds.—

858 (1) In addition to the requirements of part II of chapter

859 408, the agency shall impose an administrative fine in the  
 860 manner provided in chapter 120 for the violation of any  
 861 provision of this part, part II of chapter 408, and applicable  
 862 rules by an assisted living facility, for the actions of any  
 863 person subject to level 2 background screening under s. 408.809,  
 864 for the actions of any facility employee, or for an intentional  
 865 or negligent act seriously affecting the health, safety, or  
 866 welfare of a resident of the facility.

867 (2) Each violation of this part and adopted rules must  
 868 ~~shall~~ be classified according to the nature of the violation and  
 869 the gravity of its probable effect on facility residents. The  
 870 scope of a violation may be cited as an isolated, patterned, or  
 871 widespread deficiency. An isolated deficiency is a deficiency  
 872 affecting one or a very limited number of residents, or  
 873 involving one or a very limited number of staff, or a situation  
 874 that occurred only occasionally or in a very limited number of  
 875 locations. A patterned deficiency is a deficiency in which more  
 876 than a very limited number of residents are affected, or more  
 877 than a very limited number of staff are involved, or the  
 878 situation has occurred in several locations, or the same  
 879 resident or residents have been affected by repeated occurrences  
 880 of the same deficient practice but the effect of the deficient  
 881 practice is not found to be pervasive throughout the facility. A  
 882 widespread deficiency is a deficiency in which the problems  
 883 causing the deficiency are pervasive in the facility or  
 884 represent systemic failure that has affected or has the

885 potential to affect a large portion of the facility's residents.

886 The agency shall indicate the classification on the written  
887 notice of the violation as follows:

888 (a) Class "I" violations are defined in s. 408.813. The  
889 agency shall impose an administrative fine for a cited class I  
890 violation of \$5,000 for an isolated deficiency; \$7,500 for a  
891 patterned deficiency; and \$10,000 for a widespread deficiency.  
892 ~~in an amount not less than \$5,000 and not exceeding \$10,000 for~~  
893 ~~each violation.~~ If the agency has knowledge of a class I  
894 violation which occurred within 12 months before an inspection,  
895 a fine must be levied for that violation, regardless of whether  
896 the noncompliance is corrected before the inspection.

897 (b) Class "II" violations are defined in s. 408.813. The  
898 agency shall impose an administrative fine for a cited class II  
899 violation of \$1,000 for an isolated deficiency; \$3,000 for a  
900 patterned deficiency; and \$5,000 for a widespread deficiency.  
901 ~~in an amount not less than \$1,000 and not exceeding \$5,000 for~~  
902 ~~each violation.~~

903 (c) Class "III" violations are defined in s. 408.813. The  
904 agency shall impose an administrative fine for a cited class III  
905 violation of \$500 for an isolated deficiency; \$750 for a  
906 patterned deficiency; and \$1,000 for a widespread deficiency.  
907 ~~in an amount not less than \$500 and not exceeding \$1,000 for~~  
908 ~~each violation.~~

909 (d) Class "IV" violations are defined in s. 408.813. The  
910 agency shall impose an administrative fine for a cited class IV

911 violation of \$100 for an isolated deficiency; \$150 for a  
 912 patterned deficiency; and \$200 for a widespread deficiency. ~~in~~  
 913 ~~an amount not less than \$100 and not exceeding \$200 for each~~  
 914 ~~violation.~~

915 (e) Any fine imposed for a class I violation or a class II  
 916 violation must be doubled if a facility was previously cited for  
 917 one or more class I or class II violations during the agency's  
 918 last licensure inspection or any inspection or complaint  
 919 investigation since the last licensure inspection.

920 (f) Notwithstanding ss. 408.813 (2)(c) and 408.832, if a  
 921 facility is cited for 10 or more class III violations during an  
 922 inspection or survey, the agency shall impose a fine for each  
 923 violation.

924 (g) Regardless of the class of violation cited, instead of  
 925 the fine amounts listed in paragraphs (a)-(d), the agency shall  
 926 impose an administrative fine of \$500 if a facility is found not  
 927 to be in compliance with the background screening requirements  
 928 as provided in s. 408.809.

929 ~~(3) For purposes of this section, in determining if a~~  
 930 ~~penalty is to be imposed and in fixing the amount of the fine,~~  
 931 ~~the agency shall consider the following factors:~~

932 ~~(a) The gravity of the violation, including the~~  
 933 ~~probability that death or serious physical or emotional harm to~~  
 934 ~~a resident will result or has resulted, the severity of the~~  
 935 ~~action or potential harm, and the extent to which the provisions~~  
 936 ~~of the applicable laws or rules were violated.~~

937 ~~(b) Actions taken by the owner or administrator to correct~~  
 938 ~~violations.~~

939 ~~(c) Any previous violations.~~

940 ~~(d) The financial benefit to the facility of committing or~~  
 941 ~~continuing the violation.~~

942 ~~(e) The licensed capacity of the facility.~~

943 (3)~~(4)~~ Each day of continuing violation after the date  
 944 established by the agency ~~fixed for correction~~ ~~termination~~ of  
 945 the violation, ~~as ordered by the agency,~~ constitutes an  
 946 additional, separate, and distinct violation.

947 (4)~~(5)~~ An ~~Any~~ action taken to correct a violation shall be  
 948 documented in writing by the owner or administrator of the  
 949 facility and verified through followup visits by agency  
 950 personnel. The agency may impose a fine and, in the case of an  
 951 owner-operated facility, revoke or deny a facility's license  
 952 when a facility administrator fraudulently misrepresents action  
 953 taken to correct a violation.

954 (5)~~(6)~~ A ~~Any~~ facility whose owner fails to apply for a  
 955 change-of-ownership license in accordance with part II of  
 956 chapter 408 and operates the facility under the new ownership is  
 957 subject to a fine of \$5,000.

958 (6)~~(7)~~ In addition to any administrative fines imposed,  
 959 the agency may assess a survey fee, equal to the lesser of one  
 960 half of the facility's biennial license and bed fee or \$500, to  
 961 cover the cost of conducting initial complaint investigations  
 962 that result in the finding of a violation that was the subject

963 of the complaint or monitoring visits conducted under s.  
 964 429.28(3)(c) to verify the correction of the violations.  
 965 (7)~~(8)~~ During an inspection, the agency shall make a  
 966 reasonable attempt to discuss each violation with the owner or  
 967 administrator of the facility, prior to written notification.  
 968 (8)~~(9)~~ The agency shall develop and disseminate an annual  
 969 list of all facilities sanctioned or fined for violations of  
 970 state standards, the number and class of violations involved,  
 971 the penalties imposed, and the current status of cases. The list  
 972 shall be disseminated, at no charge, to the Department of  
 973 Elderly Affairs, the Department of Health, the Department of  
 974 Children and Families ~~Family Services~~, the Agency for Persons  
 975 with Disabilities, the area agencies on aging, the Florida  
 976 Statewide Advocacy Council, and the state and local ombudsman  
 977 councils. The Department of Children and Families ~~Family~~  
 978 ~~Services~~ shall disseminate the list to service providers under  
 979 contract to the department who are responsible for referring  
 980 persons to a facility for residency. The agency may charge a fee  
 981 commensurate with the cost of printing and postage to other  
 982 interested parties requesting a copy of this list. This  
 983 information may be provided electronically or through the  
 984 agency's website ~~Internet site~~.  
 985 Section 11. Subsection (3) and paragraph (c) of subsection  
 986 (4) of section 429.256, Florida Statutes, are amended to read:  
 987 429.256 Assistance with self-administration of  
 988 medication.—

989 (3) Assistance with self-administration of medication  
 990 includes:

991 (a) Taking the medication, in its previously dispensed,  
 992 properly labeled container, including an insulin syringe that is  
 993 prefilled with the proper dosage by a pharmacist and an insulin  
 994 pen that is prefilled by the manufacturer, from where it is  
 995 stored, and bringing it to the resident.

996 (b) In the presence of the resident, reading the label,  
 997 opening the container, removing a prescribed amount of  
 998 medication from the container, and closing the container.

999 (c) Placing an oral dosage in the resident's hand or  
 1000 placing the dosage in another container and helping the resident  
 1001 by lifting the container to his or her mouth.

1002 (d) Applying topical medications.

1003 (e) Returning the medication container to proper storage.

1004 (f) Keeping a record of when a resident receives  
 1005 assistance with self-administration under this section.

1006 (g) Assisting with the use of a nebulizer, including  
 1007 removing the cap of a nebulizer, opening the unit dose of  
 1008 nebulizer solution, and pouring the prescribed premeasured dose  
 1009 of medication into the dispensing cup of the nebulizer.

1010 (h) Using a glucometer to perform blood-glucose level  
 1011 checks.

1012 (i) Assisting with putting on and taking off antiembolism  
 1013 stockings.

1014 (j) Assisting with applying and removing an oxygen cannula

1015 but not with titrating the prescribed oxygen settings.

1016 (k) Assisting with the use of a continuous positive airway  
 1017 pressure device but not with titrating the prescribed setting of  
 1018 the device.

1019 (l) Assisting with measuring vital signs.

1020 (m) Assisting with colostomy bags.

1021 (4) Assistance with self-administration does not include:

1022 ~~(c) Administration of medications through intermittent~~  
 1023 ~~positive pressure breathing machines or a nebulizer.~~

1024 Section 12. Subsection (3) of section 429.27, Florida  
 1025 Statutes, is amended to read:

1026 429.27 Property and personal affairs of residents.—

1027 (3) A facility, upon mutual consent with the resident,  
 1028 shall provide for the safekeeping in the facility of personal  
 1029 effects not in excess of \$500 and funds of the resident not in  
 1030 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate  
 1031 records of all such funds and personal effects received. If a  
 1032 resident is absent from a facility for 24 hours or more, the  
 1033 facility may provide for the safekeeping of the resident's  
 1034 personal effects in excess of \$500.

1035 Section 13. Subsections (2), (3), (5), and (6) of section  
 1036 429.28, Florida Statutes, are amended to read:

1037 429.28 Resident bill of rights.—

1038 (2) The administrator of a facility shall ensure that a  
 1039 written notice of the rights, obligations, and prohibitions set  
 1040 forth in this part is posted in a prominent place in each

1041 facility and read or explained to residents who cannot read. The  
 1042 ~~This~~ notice must ~~shall~~ include the name, address, and telephone  
 1043 numbers of the local ombudsman council, the ~~and~~ central abuse  
 1044 hotline, and, if ~~when~~ applicable, Disability Rights Florida ~~the~~  
 1045 ~~Advocacy Center for Persons with Disabilities, Inc., and the~~  
 1046 ~~Florida local advocacy council,~~ where complaints may be lodged.  
 1047 The notice must state that a complaint made to the Office of  
 1048 State Long-Term Care Ombudsman or a local long-term care  
 1049 ombudsman council, the names and identities of the residents  
 1050 involved in the complaint, and the identity of complainants are  
 1051 kept confidential pursuant to s. 400.0077 and that retaliatory  
 1052 action cannot be taken against a resident for presenting  
 1053 grievances or for exercising any other resident right. The  
 1054 facility must ensure a resident's access to a telephone to call  
 1055 the local ombudsman council, central abuse hotline, and  
 1056 Disability Rights Florida ~~Advocacy Center for Persons with~~  
 1057 ~~Disabilities, Inc., and the Florida local advocacy council.~~

1058 (3) (a) The agency shall conduct a survey to determine  
 1059 general compliance with facility standards and compliance with  
 1060 residents' rights as a prerequisite to initial licensure or  
 1061 licensure renewal. The agency shall adopt rules for uniform  
 1062 standards and criteria that will be used to determine compliance  
 1063 with facility standards and compliance with resident's rights.

1064 (5) A ~~No~~ facility or employee of a facility may not serve  
 1065 notice upon a resident to leave the premises or take any other  
 1066 retaliatory action against any person who:

- 1067 (a) Exercises any right set forth in this section.
- 1068 (b) Appears as a witness in any hearing, inside or outside
- 1069 the facility.
- 1070 (c) Files a civil action alleging a violation of the
- 1071 provisions of this part or notifies a state attorney or the
- 1072 Attorney General of a possible violation of such provisions.
- 1073 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of
- 1074 an individual who participated in activities specified in
- 1075 subsection (5) must ~~shall~~ show good cause in a court of
- 1076 competent jurisdiction. If good cause is not shown, the agency
- 1077 shall impose a fine of \$2,500 in addition to any other penalty
- 1078 assessed against the facility.

1079 Section 14. Section 429.34, Florida Statutes, is amended  
 1080 to read:

1081 429.34 Right of entry and inspection.—

- 1082 (1) In addition to the requirements of s. 408.811, any
- 1083 duly designated officer or employee of the department, the
- 1084 Department of Children and Families ~~Family Services~~, the
- 1085 Medicaid Fraud Control Unit of the Office of the Attorney
- 1086 General, the state or local fire marshal, or a member of the
- 1087 state or local long-term care ombudsman council has ~~shall have~~
- 1088 the right to enter unannounced upon and into the premises of any
- 1089 facility licensed pursuant to this part in order to determine
- 1090 the state of compliance with ~~the provisions of~~ this part, part
- 1091 II of chapter 408, and applicable rules. Data collected by the
- 1092 state or local long-term care ombudsman councils or the state or

1093 local advocacy councils may be used by the agency in  
 1094 investigations involving violations of regulatory standards. A  
 1095 person specified in this section who knows or has reasonable  
 1096 cause to suspect that a vulnerable adult has been or is being  
 1097 abused, neglected, or exploited shall immediately report such  
 1098 knowledge or suspicion to the central abuse hotline pursuant to  
 1099 chapter 415.

1100 (2) The agency shall inspect each licensed assisted living  
 1101 facility at least once every 24 months to determine compliance  
 1102 with this chapter and related rules. If an assisted living  
 1103 facility is cited for one or more class I violations or two or  
 1104 more class II violations arising from separate surveys within a  
 1105 60-day period or due to unrelated circumstances during the same  
 1106 survey, the agency must conduct an additional licensure  
 1107 inspection within 6 months. In addition to any fines imposed on  
 1108 the facility under s. 429.19, the licensee shall pay a fee for  
 1109 the cost of the additional inspection equivalent to the standard  
 1110 assisted living facility license and per-bed fees, without  
 1111 exception for beds designated for recipients of optional state  
 1112 supplementation. The agency shall adjust the fee in accordance  
 1113 with s. 408.805.

1114 Section 15. Subsection (2) of section 429.41, Florida  
 1115 Statutes, is amended to read:

1116 429.41 Rules establishing standards.—

1117 (2) In adopting any rules pursuant to this part, the  
 1118 department, in conjunction with the agency, shall make distinct

1119 standards for facilities based upon facility size; the types of  
 1120 care provided; the physical and mental capabilities and needs of  
 1121 residents; the type, frequency, and amount of services and care  
 1122 offered; and the staffing characteristics of the facility. Rules  
 1123 developed pursuant to this section may ~~shall~~ not restrict the  
 1124 use of shared staffing and shared programming in facilities that  
 1125 are part of retirement communities that provide multiple levels  
 1126 of care and otherwise meet the requirements of law and rule. If  
 1127 a continuing care facility licensed under chapter 651 or a  
 1128 retirement community offering multiple levels of care licenses a  
 1129 building or part of a building designated for independent living  
 1130 for assisted living, staffing requirements established in rule  
 1131 apply only to residents who receive personal, limited nursing,  
 1132 or extended congregate care services under this part. Such  
 1133 facilities shall retain a log listing the names and unit number  
 1134 for residents receiving these services. The log must be  
 1135 available to surveyors upon request. Except for uniform  
 1136 firesafety standards, the department shall adopt by rule  
 1137 separate and distinct standards for facilities with 16 or fewer  
 1138 beds and for facilities with 17 or more beds. The standards for  
 1139 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a  
 1140 noninstitutional residential environment; however, provided  
 1141 ~~that~~ the structure may not be ~~is no~~ more than two stories in  
 1142 height and all persons who cannot exit the facility unassisted  
 1143 in an emergency must reside on the first floor. The department,  
 1144 in conjunction with the agency, may make other distinctions

1145 among types of facilities as necessary to enforce the provisions  
 1146 of this part. Where appropriate, the agency shall offer  
 1147 alternate solutions for complying with established standards,  
 1148 based on distinctions made by the department and the agency  
 1149 relative to the physical characteristics of facilities and the  
 1150 types of care offered ~~therein~~.

1151 Section 16. Subsections (1) through (11) of section  
 1152 429.52, Florida Statutes, are renumbered as subsections (2)  
 1153 through (12), respectively, a new subsection (1) is added to  
 1154 that section, and present subsections (5) and (9) of that  
 1155 section are amended, to read:

1156 429.52 Staff training and educational programs; core  
 1157 educational requirement.—

1158 (1) Effective October 1, 2014, each new assisted living  
 1159 facility employee who has not previously completed core training  
 1160 must attend a preservice orientation provided by the facility  
 1161 before interacting with residents. The preservice orientation  
 1162 must be at least 2 hours in duration and cover topics that help  
 1163 the employee provide responsible care and respond to the needs  
 1164 of facility residents. Upon completion, the employee and the  
 1165 administrator of the facility must sign a statement that the  
 1166 employee completed the required pre-service orientation. The  
 1167 facility must keep the signed statement in the employee's  
 1168 personnel record.

1169 (6)~~(5)~~ Staff involved with the management of medications  
 1170 and assisting with the self-administration of medications under

1171 s. 429.256 must complete a minimum of 6 4 additional hours of  
 1172 training provided by a registered nurse, licensed pharmacist, or  
 1173 department staff. The department shall establish by rule the  
 1174 minimum requirements of this additional training.

1175 (10)-(9) The training required by this section other than  
 1176 the preservice orientation must ~~shall~~ be conducted by persons  
 1177 registered with the department as having the requisite  
 1178 experience and credentials to conduct the training. A person  
 1179 seeking to register as a trainer must provide the department  
 1180 with proof of completion of the minimum core training education  
 1181 requirements, successful passage of the competency test  
 1182 established under this section, and proof of compliance with the  
 1183 continuing education requirement in subsection (5) ~~(4)~~.

1184 Section 17. The Legislature finds that consistent  
 1185 regulation of assisted living facilities benefits residents and  
 1186 operators of such facilities. To determine whether surveys are  
 1187 consistent between surveys and surveyors, the Office of Program  
 1188 Policy Analysis and Government Accountability shall conduct a  
 1189 study of intersurveyor reliability for assisted living  
 1190 facilities. By November 1, 2014, the Office of Program Policy  
 1191 Analysis and Government Accountability shall submit a report of  
 1192 its findings to the Governor, the President of the Senate, and  
 1193 the Speaker of the House of Representatives and make any  
 1194 recommendations for improving intersurveyor reliability.

1195 Section 18. The Legislature finds that consumers need  
 1196 additional information on the quality of care and service in

1197 assisted living facilities in order to select the best facility  
 1198 for themselves or their loved ones. Therefore, by November 1,  
 1199 2014, the Agency for Health Care Administration shall create  
 1200 content that is easily accessible through the front page of the  
 1201 agency's website either directly or indirectly through links to  
 1202 one or more other established websites of the agency's choosing.  
 1203 The website must be searchable by facility name, city, or zip  
 1204 code. At a minimum, the content must include:

1205 (1) Information on each licensed assisted living facility,  
 1206 including, but not limited to:

1207 (a) The name and address of the facility.  
 1208 (b) The number and type of licensed beds in the facility.  
 1209 (c) The types of licenses held by the facility.  
 1210 (d) The facility's license expiration date and status.  
 1211 (e) Proprietary or nonproprietary status of the licensee.  
 1212 (f) Any affiliation with a company or other organization  
 1213 owning or managing more than one assisted living facility in  
 1214 this state.

1215 (g) The total number of clients that the facility is  
 1216 licensed to serve and the most recently available occupancy  
 1217 levels.

1218 (h) The number of private and semiprivate rooms offered.  
 1219 (i) The bed-hold policy.  
 1220 (j) The religious affiliation, if any, of the assisted  
 1221 living facility.

1222 (k) The languages spoken by the staff.

- 1223        (l) Availability of nurses.
- 1224        (m) Forms of payment accepted, including, but not limited
- 1225 to, Medicaid, Medicaid long-term managed care, private
- 1226 insurance, health maintenance organization, United States
- 1227 Department of Veterans Affairs, CHAMPUS program, or workers'
- 1228 compensation coverage.
- 1229        (n) Indication if the licensee is operating under
- 1230 bankruptcy protection.
- 1231        (o) Recreational and other programs available.
- 1232        (p) Special care units or programs offered.
- 1233        (q) Whether the facility provides mental health services,
- 1234 as defined in s. 394.67, Florida Statutes, to residents with
- 1235 mental illness and the number of mental health residents.
- 1236        (r) Whether the facility is a part of a retirement
- 1237 community that offers other services pursuant to part II or part
- 1238 III of chapter 400, part I or part III of chapter 429, or
- 1239 chapter 651, Florida Statutes.
- 1240        (s) Links to the State Long-Term Care Ombudsman Program
- 1241 website and the program's statewide toll-free telephone number.
- 1242        (t) Links to the websites of the providers or their
- 1243 affiliates.
- 1244        (u) Other relevant information that the agency currently
- 1245 collects.
- 1246        (2) Survey and violation information for the facility,
- 1247 including a list of the facility's violations committed during
- 1248 the previous 60 months, which on July 1, 2014, may include

1249 violations committed on or after July 1, 2009. The list shall be  
 1250 updated monthly and include for each violation:

1251 (a) A summary of the violation, including all licensure,  
 1252 revisit, and complaint survey information, presented in a manner  
 1253 understandable by the general public.

1254 (b) Any sanctions imposed by final order.

1255 (c) The date the corrective action was confirmed by the  
 1256 agency.

1257 (3) Links to inspection reports that the agency has on  
 1258 file.

1259 Section 19. By November 1, 2014, the Agency for Health  
 1260 Care Administration may create a monitored comment page,  
 1261 maintained by the agency, which allows members of the public to  
 1262 anonymously comment on assisted living facilities that are  
 1263 licensed to operate in this state. This comment page must, at a  
 1264 minimum, allow members of the public to post comments on their  
 1265 experiences with, or observations of, an assisted living  
 1266 facility and to review other people's comments. Comments posted  
 1267 to the agency's comment page may not contain profanity and are  
 1268 intended to provide meaningful feedback about the assisted  
 1269 living facility. The agency shall review comments for profane  
 1270 content before the comments are posted to the page. A  
 1271 controlling interest, as defined in s. 408.803, Florida  
 1272 Statutes, in an assisted living facility, or an employee or  
 1273 owner of an assisted living facility, is prohibited from posting  
 1274 comments on the page, except that a controlling interest,

1275 employee, or owner may respond to comments on the page, and the  
 1276 agency shall ensure that the responses are identified as being  
 1277 from a representative of the facility.

1278 Section 20. For fiscal year 2014-2015, the sums of  
 1279 \$151,322 in recurring funds and \$7,986 in nonrecurring funds  
 1280 from the Health Care Trust Fund are appropriated to the Agency  
 1281 for Health Care Administration, and two full-time equivalent  
 1282 positions with associated salary rate are authorized, for the  
 1283 purpose of carrying out the regulatory activities provided in  
 1284 this act.

1285 Section 21. Section 395.001, Florida Statutes, is amended  
 1286 to read:

1287 395.001 Legislative intent.—It is the intent of the  
 1288 Legislature to provide for the protection of public health and  
 1289 safety in the establishment, construction, maintenance, and  
 1290 operation of hospitals, ambulatory surgical centers, recovery  
 1291 care centers, and mobile surgical facilities by providing for  
 1292 licensure of same and for the development, establishment, and  
 1293 enforcement of minimum standards with respect thereto.

1294 Section 22. Subsections (25) through (33) of section  
 1295 395.002, Florida Statutes, are renumbered as subsections (27)  
 1296 through (35), respectively, subsections (3), (16), and (23) are  
 1297 amended, and new subsections (25) and (26) are added to that  
 1298 section, to read:

1299 395.002 Definitions.—As used in this chapter:

1300 (3) "Ambulatory surgical center" or "mobile surgical

1301 facility" means a facility the primary purpose of which is to  
 1302 provide elective surgical care, in which the patient is admitted  
 1303 to and discharged from such facility within 24 hours ~~the same~~  
 1304 ~~working day and is not permitted to stay overnight,~~ and which is  
 1305 not part of a hospital. However, a facility existing for the  
 1306 primary purpose of performing terminations of pregnancy, an  
 1307 office maintained by a physician for the practice of medicine,  
 1308 or an office maintained for the practice of dentistry shall not  
 1309 be construed to be an ambulatory surgical center, provided that  
 1310 any facility or office which is certified or seeks certification  
 1311 as a Medicare ambulatory surgical center shall be licensed as an  
 1312 ambulatory surgical center pursuant to s. 395.003. Any structure  
 1313 or vehicle in which a physician maintains an office and  
 1314 practices surgery, and which can appear to the public to be a  
 1315 mobile office because the structure or vehicle operates at more  
 1316 than one address, shall be construed to be a mobile surgical  
 1317 facility.

1318 (16) "Licensed facility" means a hospital, ambulatory  
 1319 surgical center, recovery care center, or mobile surgical  
 1320 facility licensed in accordance with this chapter.

1321 (23) "Premises" means those buildings, beds, and equipment  
 1322 located at the address of the licensed facility and all other  
 1323 buildings, beds, and equipment for the provision of hospital,  
 1324 ambulatory surgical, recovery, or mobile surgical care located  
 1325 in such reasonable proximity to the address of the licensed  
 1326 facility as to appear to the public to be under the dominion and

1327 control of the licensee. For any licensee that is a teaching  
 1328 hospital as defined in s. 408.07(45), reasonable proximity  
 1329 includes any buildings, beds, services, programs, and equipment  
 1330 under the dominion and control of the licensee that are located  
 1331 at a site with a main address that is within 1 mile of the main  
 1332 address of the licensed facility; and all such buildings, beds,  
 1333 and equipment may, at the request of a licensee or applicant, be  
 1334 included on the facility license as a single premises.

1335 (25) "Recovery care center" means a facility the primary  
 1336 purpose of which is to provide recovery care services, to which  
 1337 a patient is admitted and discharged within 72 hours, and which  
 1338 is not part of a hospital.

1339 (26) "Recovery care services" means postsurgical and  
 1340 postdiagnostic medical and general nursing care provided to  
 1341 patients for whom acute care hospitalization is not required and  
 1342 an uncomplicated recovery is reasonably expected. The term  
 1343 includes postsurgical rehabilitation services. The term does not  
 1344 include intensive care services, coronary care services, or  
 1345 critical care services.

1346 Section 23. Subsection (1) of section 395.003, Florida  
 1347 Statutes, is amended to read:

1348 395.003 Licensure; denial, suspension, and revocation.—

1349 (1) (a) The requirements of part II of chapter 408 apply to  
 1350 the provision of services that require licensure pursuant to ss.  
 1351 395.001-395.1065 and part II of chapter 408 and to entities  
 1352 licensed by or applying for such licensure from the Agency for

1353 Health Care Administration pursuant to ss. 395.001-395.1065. A  
 1354 license issued by the agency is required in order to operate a  
 1355 hospital, ambulatory surgical center, recovery care center, or  
 1356 mobile surgical facility in this state.

1357 (b)1. It is unlawful for a person to use or advertise to  
 1358 the public, in any way or by any medium whatsoever, any facility  
 1359 as a "hospital," "ambulatory surgical center," "recovery care  
 1360 center," or "mobile surgical facility" unless such facility has  
 1361 first secured a license under the provisions of this part.

1362 2. This part does not apply to veterinary hospitals or to  
 1363 commercial business establishments using the word "hospital,"  
 1364 "ambulatory surgical center," "recovery care center," or "mobile  
 1365 surgical facility" as a part of a trade name if no treatment of  
 1366 human beings is performed on the premises of such  
 1367 establishments.

1368 (c) Until July 1, 2006, additional emergency departments  
 1369 located off the premises of licensed hospitals may not be  
 1370 authorized by the agency.

1371 Section 24. Section 395.0171, Florida Statutes, is created  
 1372 to read:

1373 395.0171 Recovery care center admissions; emergency and  
 1374 transfer protocols; discharge planning and protocols.-

1375 (1) Admissions to a recovery care center shall be  
 1376 restricted to patients who need recovery care services.

1377 (2) All patients must be certified by their attending or  
 1378 referring physician or by a physician on staff at the facility

1379 as medically stable and not in need of acute care  
 1380 hospitalization before admission.

1381 (3) A patient may be admitted for recovery care services  
 1382 upon discharge from a hospital or an ambulatory surgery center.

1383 A patient may also be admitted postdiagnosis and posttreatment  
 1384 for recovery care services.

1385 (4) A recovery care center must have emergency care and  
 1386 transfer protocols, including transportation arrangements, and  
 1387 referral or admission agreements with at least one hospital.

1388 (5) A recovery care center must have procedures for  
 1389 discharge planning and discharge protocols.

1390 (6) The agency may adopt rules to implement this  
 1391 subsection.

1392 Section 25. Subsections (2) and (8) of section 395.1055,  
 1393 Florida Statutes, are amended, and subsection (10) is added to  
 1394 that section, to read:

1395 395.1055 Rules and enforcement.—

1396 (2) Separate standards may be provided for general and  
 1397 specialty hospitals, ambulatory surgical centers, recovery care  
 1398 centers, mobile surgical facilities, and statutory rural  
 1399 hospitals as defined in s. 395.602.

1400 (8) The agency may not adopt any rule governing the  
 1401 design, construction, erection, alteration, modification,  
 1402 repair, or demolition of any public or private hospital,  
 1403 intermediate residential treatment facility, recovery care  
 1404 center, or ambulatory surgical center. It is the intent of the

1405 Legislature to preempt that function to the Florida Building  
 1406 Commission and the State Fire Marshal through adoption and  
 1407 maintenance of the Florida Building Code and the Florida Fire  
 1408 Prevention Code. However, the agency shall provide technical  
 1409 assistance to the commission and the State Fire Marshal in  
 1410 updating the construction standards of the Florida Building Code  
 1411 and the Florida Fire Prevention Code which govern hospitals,  
 1412 intermediate residential treatment facilities, recovery care  
 1413 centers, and ambulatory surgical centers.

1414 (10) The agency shall adopt rules for recovery care  
 1415 centers which include fair and reasonable minimum standards for  
 1416 ensuring that recovery care centers have:

1417 (a) A dietetic department, service, or other similarly  
 1418 titled unit, either on the premises or under contract, which  
 1419 shall be organized, directed, and staffed to ensure the  
 1420 provision of appropriate nutritional care and quality food  
 1421 service.

1422 (b) Procedures to ensure the proper administration of  
 1423 medications. Such procedures shall address the prescribing,  
 1424 ordering, preparing, and dispensing of medications and  
 1425 appropriate monitoring of the effects of such medications on the  
 1426 patient.

1427 (c) A pharmacy, pharmaceutical department, or  
 1428 pharmaceutical service, or similarly titled unit, on the  
 1429 premises or under contract.

1430 Section 26. Subsection (8) of section 395.10973, Florida

1431 Statutes, is amended to read:

1432 395.10973 Powers and duties of the agency.—It is the  
1433 function of the agency to:

1434 (8) Enforce the special-occupancy provisions of the  
1435 Florida Building Code which apply to hospitals, intermediate  
1436 residential treatment facilities, recovery care centers, and  
1437 ambulatory surgical centers in conducting any inspection  
1438 authorized by this chapter and part II of chapter 408.

1439 Section 27. Subsection (3) of section 395.301, Florida  
1440 Statutes, is amended to read:

1441 395.301 Itemized patient bill; form and content prescribed  
1442 by the agency.—

1443 (3) On each itemized statement submitted pursuant to  
1444 subsection (1) there shall appear the words "A FOR-PROFIT (or  
1445 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL  
1446 CENTER or RECOVERY CARE CENTER) LICENSED BY THE STATE OF  
1447 FLORIDA" or substantially similar words sufficient to identify  
1448 clearly and plainly the ownership status of the licensed  
1449 facility. Each itemized statement must prominently display the  
1450 phone number of the medical facility's patient liaison who is  
1451 responsible for expediting the resolution of any billing dispute  
1452 between the patient, or his or her representative, and the  
1453 billing department.

1454 Section 28. Subsection (30) is added to section 408.802,  
1455 Florida Statutes, to read:

1456 408.802 Applicability.—The provisions of this part apply

1457 to the provision of services that require licensure as defined  
 1458 in this part and to the following entities licensed, registered,  
 1459 or certified by the agency, as described in chapters 112, 383,  
 1460 390, 394, 395, 400, 429, 440, 483, and 765:

1461 (30) Recovery care centers, as provided under part I of  
 1462 chapter 395.

1463 Section 29. Subsection (29) is added to section 408.820,  
 1464 Florida Statutes, to read:

1465 408.820 Exemptions.—Except as prescribed in authorizing  
 1466 statutes, the following exemptions shall apply to specified  
 1467 requirements of this part:

1468 (29) Recovery care centers, as provided under part I of  
 1469 chapter 395, are exempt from s. 408.810(7)-(10).

1470 Section 30. Subsection (7) of section 394.4787, Florida  
 1471 Statutes, is amended to read:

1472 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
 1473 and 394.4789.—As used in this section and ss. 394.4786,  
 1474 394.4788, and 394.4789:

1475 (7) "Specialty psychiatric hospital" means a hospital  
 1476 licensed by the agency pursuant to s. 395.002(30) ~~395.002(28)~~  
 1477 and part II of chapter 408 as a specialty psychiatric hospital.

1478 Section 31. Paragraph (a) of subsection (4) of section  
 1479 409.97, Florida Statutes, is amended to read:

1480 409.97 State and local Medicaid partnerships.—

1481 (4) HOSPITAL RATE DISTRIBUTION.—

1482 (a) The agency is authorized to implement a tiered

1483 hospital rate system to enhance Medicaid payments to all  
 1484 hospitals when resources for the tiered rates are available from  
 1485 general revenue and such contributions pursuant to subsection  
 1486 (1) as are authorized under the General Appropriations Act.

1487 1. Tier 1 hospitals are statutory rural hospitals as  
 1488 defined in s. 395.602, statutory teaching hospitals as defined  
 1489 in s. 408.07(45), and specialty children's hospitals as defined  
 1490 in s. 395.002(30) ~~395.002(28)~~.

1491 2. Tier 2 hospitals are community hospitals not included  
 1492 in Tier 1 that provided more than 9 percent of the hospital's  
 1493 total inpatient days to Medicaid patients and charity patients,  
 1494 as defined in s. 409.911, and are located in the jurisdiction of  
 1495 a local funding source pursuant to subsection (1).

1496 3. Tier 3 hospitals include all community hospitals.

1497 Section 32. Paragraph (b) of subsection (1) of section  
 1498 409.975, Florida Statutes, is amended to read:

1499 409.975 Managed care plan accountability.—In addition to  
 1500 the requirements of s. 409.967, plans and providers  
 1501 participating in the managed medical assistance program shall  
 1502 comply with the requirements of this section.

1503 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
 1504 maintain provider networks that meet the medical needs of their  
 1505 enrollees in accordance with standards established pursuant to  
 1506 s. 409.967(2)(c). Except as provided in this section, managed  
 1507 care plans may limit the providers in their networks based on  
 1508 credentials, quality indicators, and price.

1509 (b) Certain providers are statewide resources and  
 1510 essential providers for all managed care plans in all regions.  
 1511 All managed care plans must include these essential providers in  
 1512 their networks. Statewide essential providers include:

- 1513 1. Faculty plans of Florida medical schools.
- 1514 2. Regional perinatal intensive care centers as defined in  
 1515 s. 383.16(2).
- 1516 3. Hospitals licensed as specialty children's hospitals as  
 1517 defined in s. 395.002(30) ~~395.002(28)~~.
- 1518 4. Accredited and integrated systems serving medically  
 1519 complex children that are comprised of separately licensed, but  
 1520 commonly owned, health care providers delivering at least the  
 1521 following services: medical group home, in-home and outpatient  
 1522 nursing care and therapies, pharmacy services, durable medical  
 1523 equipment, and Prescribed Pediatric Extended Care.

1524  
 1525 Managed care plans that have not contracted with all statewide  
 1526 essential providers in all regions as of the first date of  
 1527 recipient enrollment must continue to negotiate in good faith.  
 1528 Payments to physicians on the faculty of nonparticipating  
 1529 Florida medical schools shall be made at the applicable Medicaid  
 1530 rate. Payments for services rendered by regional perinatal  
 1531 intensive care centers shall be made at the applicable Medicaid  
 1532 rate as of the first day of the contract between the agency and  
 1533 the plan. Payments to nonparticipating specialty children's  
 1534 hospitals shall equal the highest rate established by contract

1535 between that provider and any other Medicaid managed care plan.

1536 Section 33. Part XI of chapter 400, Florida Statutes,  
 1537 consisting of sections 400.997 through 400.9985, is created to  
 1538 read:

1539 PART XI

1540 TRANSITIONAL LIVING FACILITIES

1541 400.997 Legislative intent.—It is the intent of the  
 1542 Legislature to provide for the licensure of transitional living  
 1543 facilities and require the development, establishment, and  
 1544 enforcement of basic standards by the Agency for Health Care  
 1545 Administration to ensure quality of care and services to clients  
 1546 in transitional living facilities. It is the policy of the state  
 1547 that the least restrictive appropriate available treatment be  
 1548 used based on the individual needs and best interest of the  
 1549 client, consistent with optimum improvement of the client's  
 1550 condition. The goal of a transitional living program for persons  
 1551 who have brain or spinal cord injuries is to assist each person  
 1552 who has such an injury to achieve a higher level of independent  
 1553 functioning and to enable the person to reenter the community.  
 1554 It is also the policy of the state that the restraint or  
 1555 seclusion of a client is justified only as an emergency safety  
 1556 measure used in response to danger to the client or others. It  
 1557 is therefore the intent of the Legislature to achieve an ongoing  
 1558 reduction in the use of restraint or seclusion in programs and  
 1559 facilities that serve persons who have brain or spinal cord  
 1560 injuries.

1561 400.9971 Definitions.—As used in this part, the term:

1562 (1) "Agency" means the Agency for Health Care  
 1563 Administration.

1564 (2) "Chemical restraint" means a pharmacologic drug that  
 1565 physically limits, restricts, or deprives a person of movement  
 1566 or mobility, is used for client protection or safety, and is not  
 1567 required for the treatment of medical conditions or symptoms.

1568 (3) "Client's representative" means the parent of a child  
 1569 client or the client's guardian, designated representative,  
 1570 designee, surrogate, or attorney in fact.

1571 (4) "Department" means the Department of Health.

1572 (5) "Physical restraint" means a manual method to restrict  
 1573 freedom of movement of or normal access to a person's body, or a  
 1574 physical or mechanical device, material, or equipment attached  
 1575 or adjacent to the person's body that the person cannot easily  
 1576 remove and that restricts freedom of movement of or normal  
 1577 access to the person's body, including, but not limited to, a  
 1578 half-bed rail, a full-bed rail, a geriatric chair, or a Posey  
 1579 restraint. The term includes any device that is not specifically  
 1580 manufactured as a restraint but is altered, arranged, or  
 1581 otherwise used for this purpose. The term does not include  
 1582 bandage material used for the purpose of binding a wound or  
 1583 injury.

1584 (6) "Seclusion" means the physical segregation of a person  
 1585 in any fashion or the involuntary isolation of a person in a  
 1586 room or area from which the person is prevented from leaving.

1587 Such prevention may be accomplished by imposition of a physical  
 1588 barrier or by action of a staff member to prevent the person  
 1589 from leaving the room or area. For purposes of this part, the  
 1590 term does not mean isolation due to a person's medical condition  
 1591 or symptoms.

1592 (7) "Transitional living facility" means a site where  
 1593 specialized health care services are provided to persons who  
 1594 have brain or spinal cord injuries, including, but not limited  
 1595 to, rehabilitative services, behavior modification, community  
 1596 reentry training, aids for independent living, and counseling.

1597 400.9972 License required; fee; application.-

1598 (1) The requirements of part II of chapter 408 apply to  
 1599 the provision of services that require licensure pursuant to  
 1600 this part and part II of chapter 408 and to entities licensed by  
 1601 or applying for licensure from the agency pursuant to this part.  
 1602 A license issued by the agency is required for the operation of  
 1603 a transitional living facility in this state. However, this part  
 1604 does not require a provider licensed by the agency to obtain a  
 1605 separate transitional living facility license to serve persons  
 1606 who have brain or spinal cord injuries as long as the services  
 1607 provided are within the scope of the provider's license.

1608 (2) In accordance with this part, an applicant or a  
 1609 licensee shall pay a fee for each license application submitted  
 1610 under this part. The license fee shall consist of a \$4,588  
 1611 license fee and a \$90 per-bed fee per biennium and shall conform  
 1612 to the annual adjustment authorized in s. 408.805.

1613           (3) An applicant for licensure must provide:

1614           (a) The location of the facility for which the license is  
 1615 sought and documentation, signed by the appropriate local  
 1616 government official, which states that the applicant has met  
 1617 local zoning requirements.

1618           (b) Proof of liability insurance as provided in s.  
 1619 624.605(1)(b).

1620           (c) Proof of compliance with local zoning requirements,  
 1621 including compliance with the requirements of chapter 419 if the  
 1622 proposed facility is a community residential home.

1623           (d) Proof that the facility has received a satisfactory  
 1624 firesafety inspection.

1625           (e) Documentation that the facility has received a  
 1626 satisfactory sanitation inspection by the county health  
 1627 department.

1628           (4) The applicant's proposed facility must attain and  
 1629 continuously maintain accreditation by an accrediting  
 1630 organization that specializes in evaluating rehabilitation  
 1631 facilities whose standards incorporate licensure regulations  
 1632 comparable to those required by the state. An applicant for  
 1633 licensure as a transitional living facility must acquire  
 1634 accreditation within 12 months after issuance of an initial  
 1635 license. The agency shall accept the accreditation survey report  
 1636 of the accrediting organization in lieu of conducting a  
 1637 licensure inspection if the standards included in the survey  
 1638 report are determined by the agency to document that the

1639 facility substantially complies with state licensure  
 1640 requirements. Within 10 days after receiving the accreditation  
 1641 survey report, the applicant shall submit to the agency a copy  
 1642 of the report and evidence of the accreditation decision as a  
 1643 result of the report. The agency may conduct an inspection of a  
 1644 transitional living facility to ensure compliance with the  
 1645 licensure requirements of this part, to validate the inspection  
 1646 process of the accrediting organization, to respond to licensure  
 1647 complaints, or to protect the public health and safety.

1648 400.9973 Client admission, transfer, and discharge.-

1649 (1) A transitional living facility shall have written  
 1650 policies and procedures governing the admission, transfer, and  
 1651 discharge of clients.

1652 (2) The admission of a client to a transitional living  
 1653 facility must be in accordance with the licensee's policies and  
 1654 procedures.

1655 (3) A client admitted to a transitional living facility  
 1656 must have a brain or spinal cord injury, such as a lesion to the  
 1657 spinal cord or cauda equina syndrome, with evidence of  
 1658 significant involvement of at least two of the following  
 1659 deficits or dysfunctions:

1660 (a) A motor deficit.

1661 (b) A sensory deficit.

1662 (c) Bowel and bladder dysfunction.

1663 (d) An acquired internal or external injury to the skull,  
 1664 the brain, or the brain's covering, whether caused by a

1665 traumatic or nontraumatic event, which produces an altered state  
 1666 of consciousness or an anatomic motor, sensory, cognitive, or  
 1667 behavioral deficit.

1668 (4) A client whose medical condition and diagnosis do not  
 1669 positively identify a cause of the client's condition, whose  
 1670 symptoms are inconsistent with the known cause of injury, or  
 1671 whose recovery is inconsistent with the known medical condition  
 1672 may be admitted to a transitional living facility for evaluation  
 1673 for a period not to exceed 90 days.

1674 (5) A client admitted to a transitional living facility  
 1675 must be admitted upon prescription by a licensed physician,  
 1676 physician assistant, or advanced registered nurse practitioner  
 1677 and must remain under the care of a licensed physician,  
 1678 physician assistant, or advanced registered nurse practitioner  
 1679 for the duration of the client's stay in the facility.

1680 (6) A transitional living facility may not admit a person  
 1681 whose primary admitting diagnosis is mental illness or an  
 1682 intellectual or developmental disability.

1683 (7) A person may not be admitted to a transitional living  
 1684 facility if the person:

1685 (a) Presents significant risk of infection to other  
 1686 clients or personnel. A health care practitioner must provide  
 1687 documentation that the person is free of apparent signs and  
 1688 symptoms of communicable disease;

1689 (b) Is a danger to himself or herself or others as  
 1690 determined by a physician, physician assistant, or advanced

1691 registered nurse practitioner or a mental health practitioner  
 1692 licensed under chapter 490 or chapter 491, unless the facility  
 1693 provides adequate staffing and support to ensure patient safety;

1694 (c) Is bedridden; or

1695 (d) Requires 24-hour nursing supervision.

1696 (8) If the client meets the admission criteria, the  
 1697 medical or nursing director of the facility must complete an  
 1698 initial evaluation of the client's functional skills, behavioral  
 1699 status, cognitive status, educational or vocational potential,  
 1700 medical status, psychosocial status, sensorimotor capacity, and  
 1701 other related skills and abilities within the first 72 hours  
 1702 after the client's admission to the facility. An initial  
 1703 comprehensive treatment plan that delineates services to be  
 1704 provided and appropriate sources for such services must be  
 1705 implemented within the first 4 days after admission.

1706 (9) A transitional living facility shall develop a  
 1707 discharge plan for each client before or upon admission to the  
 1708 facility. The discharge plan must identify the intended  
 1709 discharge site and possible alternative discharge sites. For  
 1710 each discharge site identified, the discharge plan must identify  
 1711 the skills, behaviors, and other conditions that the client must  
 1712 achieve to be eligible for discharge. A discharge plan must be  
 1713 reviewed and updated as necessary but at least once monthly.

1714 (10) A transitional living facility shall discharge a  
 1715 client as soon as practicable when the client no longer requires  
 1716 the specialized services described in s. 400.9971(7), when the

1717 client is not making measurable progress in accordance with the  
 1718 client's comprehensive treatment plan, or when the transitional  
 1719 living facility is no longer the most appropriate and least  
 1720 restrictive treatment option.

1721 (11) A transitional living facility shall provide at least  
 1722 30 days' notice to a client of transfer or discharge plans,  
 1723 including the location of an acceptable transfer location if the  
 1724 client is unable to live independently. This subsection does not  
 1725 apply if a client voluntarily terminates residency.

1726 400.9974 Client comprehensive treatment plans; client  
 1727 services.—

1728 (1) A transitional living facility shall develop a  
 1729 comprehensive treatment plan for each client as soon as  
 1730 practicable but no later than 30 days after the initial  
 1731 comprehensive treatment plan is developed. The comprehensive  
 1732 treatment plan must be developed by an interdisciplinary team  
 1733 consisting of the case manager, the program director, the  
 1734 advanced registered nurse practitioner, and appropriate  
 1735 therapists. The client or, if appropriate, the client's  
 1736 representative must be included in developing the comprehensive  
 1737 treatment plan. The comprehensive treatment plan must be  
 1738 reviewed and updated if the client fails to meet projected  
 1739 improvements outlined in the plan or if a significant change in  
 1740 the client's condition occurs. The comprehensive treatment plan  
 1741 must be reviewed and updated at least once monthly.

1742 (2) The comprehensive treatment plan must include:

1743 (a) Orders obtained from the physician, physician  
 1744 assistant, or advanced registered nurse practitioner and the  
 1745 client's diagnosis, medical history, physical examination, and  
 1746 rehabilitative or restorative needs.

1747 (b) A preliminary nursing evaluation, including orders for  
 1748 immediate care provided by the physician, physician assistant,  
 1749 or advanced registered nurse practitioner, which shall be  
 1750 completed when the client is admitted.

1751 (c) A comprehensive, accurate, reproducible, and  
 1752 standardized assessment of the client's functional capability;  
 1753 the treatments designed to achieve skills, behaviors, and other  
 1754 conditions necessary for the client to return to the community;  
 1755 and specific measurable goals.

1756 (d) Steps necessary for the client to achieve transition  
 1757 into the community and estimated length of time to achieve those  
 1758 goals.

1759 (3) The client or, if appropriate, the client's  
 1760 representative must consent to the continued treatment at the  
 1761 transitional living facility. Consent may be for a period of up  
 1762 to 3 months. If such consent is not given, the transitional  
 1763 living facility shall discharge the client as soon as  
 1764 practicable.

1765 (4) A client must receive the professional program  
 1766 services needed to implement the client's comprehensive  
 1767 treatment plan.

1768 (5) The licensee must employ qualified professional staff

1769 to carry out and monitor the various professional interventions  
 1770 in accordance with the stated goals and objectives of the  
 1771 client's comprehensive treatment plan.

1772 (6) A client must receive a continuous treatment program  
 1773 that includes appropriate, consistent implementation of  
 1774 specialized and general training, treatment, health services,  
 1775 and related services and that is directed toward:

1776 (a) The acquisition of the behaviors and skills necessary  
 1777 for the client to function with as much self-determination and  
 1778 independence as possible.

1779 (b) The prevention or deceleration of regression or loss  
 1780 of current optimal functional status.

1781 (c) The management of behavioral issues that preclude  
 1782 independent functioning in the community.

1783 400.9975 Licensee responsibilities.-

1784 (1) The licensee shall ensure that each client:

1785 (a) Lives in a safe environment free from abuse, neglect,  
 1786 and exploitation.

1787 (b) Is treated with consideration and respect and with due  
 1788 recognition of personal dignity, individuality, and the need for  
 1789 privacy.

1790 (c) Retains and uses his or her own clothes and other  
 1791 personal property in his or her immediate living quarters to  
 1792 maintain individuality and personal dignity, except when the  
 1793 licensee demonstrates that such retention and use would be  
 1794 unsafe, impractical, or an infringement upon the rights of other

1795 clients.

1796 (d) Has unrestricted private communication, including

1797 receiving and sending unopened correspondence, access to a

1798 telephone, and visits with any person of his or her choice. Upon

1799 request, the licensee shall modify visiting hours for caregivers

1800 and guests. The facility shall restrict communication in

1801 accordance with any court order or written instruction of a

1802 client's representative. Any restriction on a client's

1803 communication for therapeutic reasons shall be documented and

1804 reviewed at least weekly and shall be removed as soon as no

1805 longer clinically indicated. The basis for the restriction shall

1806 be explained to the client and, if applicable, the client's

1807 representative. The client shall retain the right to call the

1808 central abuse hotline, the agency, and Disability Rights Florida

1809 at any time.

1810 (e) Has the opportunity to participate in and benefit from

1811 community services and activities to achieve the highest

1812 possible level of independence, autonomy, and interaction within

1813 the community.

1814 (f) Has the opportunity to manage his or her financial

1815 affairs unless the client or, if applicable, the client's

1816 representative authorizes the administrator of the facility to

1817 provide safekeeping for funds as provided under this part.

1818 (g) Has reasonable opportunity for regular exercise more

1819 than once per week and to be outdoors at regular and frequent

1820 intervals except when prevented by inclement weather.

1821 (h) Has the opportunity to exercise civil and religious  
 1822 liberties, including the right to independent personal  
 1823 decisions. However, a religious belief or practice, including  
 1824 attendance at religious services, may not be imposed upon any  
 1825 client.

1826 (i) Has access to adequate and appropriate health care  
 1827 consistent with established and recognized community standards.

1828 (j) Has the opportunity to present grievances and  
 1829 recommend changes in policies, procedures, and services to the  
 1830 staff of the licensee, governing officials, or any other person  
 1831 without restraint, interference, coercion, discrimination, or  
 1832 reprisal. A licensee shall establish a grievance procedure to  
 1833 facilitate a client's ability to present grievances, including a  
 1834 system for investigating, tracking, managing, and responding to  
 1835 complaints by a client or, if applicable, the client's  
 1836 representative and an appeals process. The appeals process must  
 1837 include access to Disability Rights Florida and other advocates  
 1838 and the right to be a member of, be active in, and associate  
 1839 with advocacy or special interest groups.

1840 (2) The licensee shall:

1841 (a) Promote participation of the client's representative  
 1842 in the process of providing treatment to the client unless the  
 1843 representative's participation is unobtainable or inappropriate.

1844 (b) Answer communications from the client's family,  
 1845 guardians, and friends promptly and appropriately.

1846 (c) Promote visits by persons with a relationship to the

1847 client at any reasonable hour, without requiring prior notice,  
 1848 in any area of the facility that provides direct care services  
 1849 to the client, consistent with the client's and other clients'  
 1850 privacy, unless the interdisciplinary team determines that such  
 1851 a visit would not be appropriate.

1852 (d) Promote opportunities for the client to leave the  
 1853 facility for visits, trips, or vacations.

1854 (e) Promptly notify the client's representative of a  
 1855 significant incident or change in the client's condition,  
 1856 including, but not limited to, serious illness, accident, abuse,  
 1857 unauthorized absence, or death.

1858 (3) The administrator of a facility shall ensure that a  
 1859 written notice of licensee responsibilities is posted in a  
 1860 prominent place in each building where clients reside and is  
 1861 read or explained to clients who cannot read. This notice shall  
 1862 be provided to clients in a manner that is clearly legible,  
 1863 shall include the statewide toll-free telephone number for  
 1864 reporting complaints to the agency, and shall include the words:  
 1865 "To report a complaint regarding the services you receive,  
 1866 please call toll-free ...[telephone number]... or Disability  
 1867 Rights Florida ...[telephone number]...." The statewide toll-  
 1868 free telephone number for the central abuse hotline shall be  
 1869 provided to clients in a manner that is clearly legible and  
 1870 shall include the words: "To report abuse, neglect, or  
 1871 exploitation, please call toll-free ...[telephone number]...."  
 1872 The licensee shall ensure a client's access to a telephone where

1873 telephone numbers are posted as required by this subsection.

1874 (4) A licensee or employee of a facility may not serve  
 1875 notice upon a client to leave the premises or take any other  
 1876 retaliatory action against another person solely because of the  
 1877 following:

1878 (a) The client or other person files an internal or  
 1879 external complaint or grievance regarding the facility.

1880 (b) The client or other person appears as a witness in a  
 1881 hearing inside or outside the facility.

1882 (5) Before or at the time of admission, the client and, if  
 1883 applicable, the client's representative shall receive a copy of  
 1884 the licensee's responsibilities, including grievance procedures  
 1885 and telephone numbers, as provided in this section.

1886 (6) The licensee must develop and implement policies and  
 1887 procedures governing the release of client information,  
 1888 including consent necessary from the client or, if applicable,  
 1889 the client's representative.

1890 400.9976 Administration of medication.—

1891 (1) An individual medication administration record must be  
 1892 maintained for each client. A dose of medication, including a  
 1893 self-administered dose, shall be properly recorded in the  
 1894 client's record. A client who self-administers medication shall  
 1895 be given a pill organizer. Medication must be placed in the pill  
 1896 organizer by a nurse. A nurse shall document the date and time  
 1897 that medication is placed into each client's pill organizer. All  
 1898 medications must be administered in compliance with orders of a

1899 physician, physician assistant, or advanced registered nurse  
 1900 practitioner.

1901 (2) If an interdisciplinary team determines that self-  
 1902 administration of medication is an appropriate objective, and if  
 1903 the physician, physician assistant, or advanced registered nurse  
 1904 practitioner does not specify otherwise, the client must be  
 1905 instructed by the physician, physician assistant, or advanced  
 1906 registered nurse practitioner to self-administer his or her  
 1907 medication without the assistance of a staff person. All forms  
 1908 of self-administration of medication, including administration  
 1909 orally, by injection, and by suppository, shall be included in  
 1910 the training. The client's physician, physician assistant, or  
 1911 advanced registered nurse practitioner must be informed of the  
 1912 interdisciplinary team's decision that self-administration of  
 1913 medication is an objective for the client. A client may not  
 1914 self-administer medication until he or she demonstrates the  
 1915 competency to take the correct medication in the correct dosage  
 1916 at the correct time, to respond to missed doses, and to contact  
 1917 the appropriate person with questions.

1918 (3) Medication administration discrepancies and adverse  
 1919 drug reactions must be recorded and reported immediately to a  
 1920 physician, physician assistant, or advanced registered nurse  
 1921 practitioner.

1922 400.9977 Assistance with medication.-

1923 (1) Notwithstanding any provision of part I of chapter  
 1924 464, the Nurse Practice Act, unlicensed direct care services

1925 staff who provide services to clients in a facility licensed  
 1926 under chapter 400 or chapter 429 may administer prescribed,  
 1927 prepackaged, and premeasured medications under the general  
 1928 supervision of a registered nurse as provided under this section  
 1929 and applicable rules.

1930 (2) Training required by this section and applicable rules  
 1931 shall be conducted by a registered nurse licensed under chapter  
 1932 464, a physician licensed under chapter 458 or chapter 459, or a  
 1933 pharmacist licensed under chapter 465.

1934 (3) A facility that allows unlicensed direct care service  
 1935 staff to administer medications pursuant to this section shall:

1936 (a) Develop and implement policies and procedures that  
 1937 include a plan to ensure the safe handling, storage, and  
 1938 administration of prescription medications.

1939 (b) Maintain written evidence of the expressed and  
 1940 informed consent for each client.

1941 (c) Maintain a copy of the written prescription, including  
 1942 the name of the medication, the dosage, and the administration  
 1943 schedule and termination date.

1944 (d) Maintain documentation of compliance with required  
 1945 training.

1946 (4) The agency shall adopt rules to implement this  
 1947 section.

1948 Section 34. Section 400.9978, Florida Statutes, is created  
 1949 to read:

1950 400.9978 Protection of clients from abuse, neglect,

1951 mistreatment, and exploitation.—The licensee shall develop and  
 1952 implement policies and procedures for the screening and training  
 1953 of employees; the protection of clients; and the prevention,  
 1954 identification, investigation, and reporting of abuse, neglect,  
 1955 mistreatment, and exploitation. The licensee shall identify  
 1956 clients whose personal histories render them at risk for abusing  
 1957 other clients, develop intervention strategies to prevent  
 1958 occurrences of abuse, monitor clients for changes that would  
 1959 trigger abusive behavior, and reassess the interventions on a  
 1960 regular basis. A licensee shall:

1961 (1) Screen each potential employee for a history of abuse,  
 1962 neglect, mistreatment, or exploitation of clients. The screening  
 1963 shall include an attempt to obtain information from previous and  
 1964 current employers and verification of screening information by  
 1965 the appropriate licensing boards.

1966 (2) Train employees through orientation and ongoing  
 1967 sessions regarding issues related to abuse prohibition  
 1968 practices, including identification of abuse, neglect,  
 1969 mistreatment, and exploitation; appropriate interventions to  
 1970 address aggressive or catastrophic reactions of clients; the  
 1971 process for reporting allegations without fear of reprisal; and  
 1972 recognition of signs of frustration and stress that may lead to  
 1973 abuse.

1974 (3) Provide clients, families, and staff with information  
 1975 regarding how and to whom they may report concerns, incidents,  
 1976 and grievances without fear of retribution and provide feedback

1977 regarding the concerns that are expressed. A licensee shall  
 1978 identify, correct, and intervene in situations in which abuse,  
 1979 neglect, mistreatment, or exploitation is likely to occur,  
 1980 including:

1981 (a) Evaluating the physical environment of the facility to  
 1982 identify characteristics that may make abuse or neglect more  
 1983 likely to occur, such as secluded areas.

1984 (b) Providing sufficient staff on each shift to meet the  
 1985 needs of the clients and ensuring that the assigned staff have  
 1986 knowledge of each client's care needs.

1987 (c) Identifying inappropriate staff behaviors, such as  
 1988 using derogatory language, rough handling of clients, ignoring  
 1989 clients while giving care, and directing clients who need  
 1990 toileting assistance to urinate or defecate in their beds.

1991 (d) Assessing, monitoring, and planning care for clients  
 1992 with needs and behaviors that might lead to conflict or neglect,  
 1993 such as a history of aggressive behaviors including entering  
 1994 other clients' rooms without permission, exhibiting self-  
 1995 injurious behaviors or communication disorders, requiring  
 1996 intensive nursing care, or being totally dependent on staff.

1997 (4) Identify events, such as suspicious bruising of  
 1998 clients, occurrences, patterns, and trends that may constitute  
 1999 abuse and determine the direction of the investigation.

2000 (5) Investigate alleged violations and different types of  
 2001 incidents, identify the staff member responsible for initial  
 2002 reporting, and report results to the proper authorities. The

2003 licensee shall analyze the incidents to determine whether  
 2004 policies and procedures need to be changed to prevent further  
 2005 incidents and take necessary corrective actions.

2006 (6) Protect clients from harm during an investigation.

2007 (7) Report alleged violations and substantiated incidents,  
 2008 as required under chapters 39 and 415, to the licensing  
 2009 authorities and all other agencies, as required, and report any  
 2010 knowledge of actions by a court of law that would indicate an  
 2011 employee is unfit for service.

2012 400.9979 Restraint and seclusion; client safety.—

2013 (1) A facility shall provide a therapeutic milieu that  
 2014 supports a culture of individual empowerment and responsibility.  
 2015 The health and safety of the client shall be the facility's  
 2016 primary concern at all times.

2017 (2) The use of physical restraints must be ordered and  
 2018 documented by a physician, physician assistant, or advanced  
 2019 registered nurse practitioner and must be consistent with the  
 2020 policies and procedures adopted by the facility. The client or,  
 2021 if applicable, the client's representative shall be informed of  
 2022 the facility's physical restraint policies and procedures when  
 2023 the client is admitted.

2024 (3) The use of chemical restraints shall be limited to  
 2025 prescribed dosages of medications as ordered by a physician,  
 2026 physician assistant, or advanced registered nurse practitioner  
 2027 and must be consistent with the client's diagnosis and the  
 2028 policies and procedures adopted by the facility. The client and,

2029 if applicable, the client's representative shall be informed of  
 2030 the facility's chemical restraint policies and procedures when  
 2031 the client is admitted.

2032 (4) Based on the assessment by a physician, physician  
 2033 assistant, or advanced registered nurse practitioner, if a  
 2034 client exhibits symptoms that present an immediate risk of  
 2035 injury or death to himself or herself or others, a physician,  
 2036 physician assistant, or advanced registered nurse practitioner  
 2037 may issue an emergency treatment order to immediately administer  
 2038 rapid-response psychotropic medications or other chemical  
 2039 restraints. Each emergency treatment order must be documented  
 2040 and maintained in the client's record.

2041 (a) An emergency treatment order is not effective for more  
 2042 than 24 hours.

2043 (b) Whenever a client is medicated under this subsection,  
 2044 the client's representative or a responsible party and the  
 2045 client's physician, physician assistant, or advanced registered  
 2046 nurse practitioner shall be notified as soon as practicable.

2047 (5) A client who is prescribed and receives a medication  
 2048 that can serve as a chemical restraint for a purpose other than  
 2049 an emergency treatment order must be evaluated by his or her  
 2050 physician, physician assistant, or advanced registered nurse  
 2051 practitioner at least monthly to assess:

2052 (a) The continued need for the medication.

2053 (b) The level of the medication in the client's blood.

2054 (c) The need for adjustments to the prescription.

2055       (6) The licensee shall ensure that clients are free from  
 2056 unnecessary drugs and physical restraints and are provided  
 2057 treatment to reduce dependency on drugs and physical restraints.

2058       (7) The licensee may only employ physical restraints and  
 2059 seclusion as authorized by the facility's written policies,  
 2060 which shall comply with this section and applicable rules.

2061       (8) Interventions to manage dangerous client behavior  
 2062 shall be employed with sufficient safeguards and supervision to  
 2063 ensure that the safety, welfare, and civil and human rights of a  
 2064 client are adequately protected.

2065       (9) A facility shall notify the parent, guardian, or, if  
 2066 applicable, the client's representative when restraint or  
 2067 seclusion is employed. The facility must provide the  
 2068 notification within 24 hours after the restraint or seclusion is  
 2069 employed. Reasonable efforts must be taken to notify the parent,  
 2070 guardian, or, if applicable, the client's representative by  
 2071 telephone or e-mail, or both, and these efforts must be  
 2072 documented.

2073       (10) The agency may adopt rules that establish standards  
 2074 and procedures for the use of restraints, restraint positioning,  
 2075 seclusion, and emergency treatment orders for psychotropic  
 2076 medications, restraint, and seclusion. These rules must include  
 2077 duration of restraint, staff training, observation of the client  
 2078 during restraint, and documentation and reporting standards.

2079       400.998 Personnel background screening; administration and  
 2080 management procedures.-

2081       (1) The agency shall require level 2 background screening  
 2082 for licensee personnel as required in s. 408.809(1)(e) and  
 2083 pursuant to chapter 435 and s. 408.809.

2084       (2) The licensee shall maintain personnel records for each  
 2085 staff member that contain, at a minimum, documentation of  
 2086 background screening, a job description, documentation of  
 2087 compliance with the training requirements of this part and  
 2088 applicable rules, the employment application, references, a copy  
 2089 of each job performance evaluation, and, for each staff member  
 2090 who performs services for which licensure or certification is  
 2091 required, a copy of all licenses or certification held by that  
 2092 staff member.

2093       (3) The licensee must:

2094       (a) Develop and implement infection control policies and  
 2095 procedures and include the policies and procedures in the  
 2096 licensee's policy manual.

2097       (b) Maintain liability insurance as defined in s.  
 2098 624.605(1)(b).

2099       (c) Designate one person as an administrator to be  
 2100 responsible and accountable for the overall management of the  
 2101 facility.

2102       (d) Designate in writing a person to be responsible for  
 2103 the facility when the administrator is absent from the facility  
 2104 for more than 24 hours.

2105       (e) Designate in writing a program director to be  
 2106 responsible for supervising the therapeutic and behavioral

2107 staff, determining the levels of supervision, and determining  
 2108 room placement for each client.

2109 (f) Designate in writing a person to be responsible when  
 2110 the program director is absent from the facility for more than  
 2111 24 hours.

2112 (g) Obtain approval of the comprehensive emergency  
 2113 management plan, pursuant to s. 400.9982(2)(e), from the local  
 2114 emergency management agency. Pending the approval of the plan,  
 2115 the local emergency management agency shall ensure that the  
 2116 following agencies, at a minimum, are given the opportunity to  
 2117 review the plan: the Department of Health, the Agency for Health  
 2118 Care Administration, and the Division of Emergency Management.  
 2119 Appropriate volunteer organizations shall also be given the  
 2120 opportunity to review the plan. The local emergency management  
 2121 agency shall complete its review within 60 days after receipt of  
 2122 the plan and either approve the plan or advise the licensee of  
 2123 necessary revisions.

2124 (h) Maintain written records in a form and system that  
 2125 comply with medical and business practices and make the records  
 2126 available by the facility for review or submission to the agency  
 2127 upon request. The records shall include:

2128 1. A daily census record that indicates the number of  
 2129 clients currently receiving services in the facility, including  
 2130 information regarding any public funding of such clients.

2131 2. A record of each accident or unusual incident involving  
 2132 a client or staff member that caused, or had the potential to

2133 cause, injury or harm to any person or property within the  
 2134 facility. The record shall contain a clear description of each  
 2135 accident or incident; the names of the persons involved; a  
 2136 description of medical or other services provided to these  
 2137 persons, including the provider of the services; and the steps  
 2138 taken to prevent recurrence of such accident or incident.

2139 3. A copy of current agreements with third-party  
 2140 providers.

2141 4. A copy of current agreements with each consultant  
 2142 employed by the licensee and documentation of a consultant's  
 2143 visits and required written and dated reports.

2144 400.9981 Property and personal affairs of clients.-

2145 (1) A client shall be given the option of using his or her  
 2146 own belongings, as space permits; choosing a roommate if  
 2147 practical and not clinically contraindicated; and, whenever  
 2148 possible, unless the client is adjudicated incompetent or  
 2149 incapacitated under state law, managing his or her own affairs.

2150 (2) The admission of a client to a facility and his or her  
 2151 presence therein does not confer on a licensee or administrator,  
 2152 or an employee or representative thereof, any authority to  
 2153 manage, use, or dispose of the property of the client, and the  
 2154 admission or presence of a client does not confer on such person  
 2155 any authority or responsibility for the personal affairs of the  
 2156 client except that which may be necessary for the safe  
 2157 management of the facility or for the safety of the client.

2158 (3) A licensee or administrator, or an employee or

2159 representative thereof, may:

2160 (a) Not act as the guardian, trustee, or conservator for a  
 2161 client or a client's property.

2162 (b) Act as a competent client's payee for social security,  
 2163 veteran's, or railroad benefits if the client provides consent  
 2164 and the licensee files a surety bond with the agency in an  
 2165 amount equal to twice the average monthly aggregate income or  
 2166 personal funds due to the client, or expendable for the client's  
 2167 account, that are received by a licensee.

2168 (c) Act as the attorney in fact for a client if the  
 2169 licensee files a surety bond with the agency in an amount equal  
 2170 to twice the average monthly income of the client, plus the  
 2171 value of a client's property under the control of the attorney  
 2172 in fact.

2173  
 2174 The surety bond required under paragraph (b) or paragraph (c)  
 2175 shall be executed by the licensee as principal and a licensed  
 2176 surety company. The bond shall be conditioned upon the faithful  
 2177 compliance of the licensee with the requirements of licensure  
 2178 and is payable to the agency for the benefit of a client who  
 2179 suffers a financial loss as a result of the misuse or  
 2180 misappropriation of funds held pursuant to this subsection. A  
 2181 surety company that cancels or does not renew the bond of a  
 2182 licensee shall notify the agency in writing at least 30 days  
 2183 before the action, giving the reason for cancellation or  
 2184 nonrenewal. A licensee or administrator, or an employee or

2185 representative thereof, who is granted power of attorney for a  
 2186 client of the facility shall, on a monthly basis, notify the  
 2187 client in writing of any transaction made on behalf of the  
 2188 client pursuant to this subsection, and a copy of the  
 2189 notification given to the client shall be retained in the  
 2190 client's file and available for agency inspection.

2191 (4) A licensee, with the consent of the client, shall  
 2192 provide for safekeeping in the facility of the client's personal  
 2193 effects of a value not in excess of \$1,000 and the client's  
 2194 funds not in excess of \$500 cash and shall keep complete and  
 2195 accurate records of the funds and personal effects received. If  
 2196 a client is absent from a facility for 24 hours or more, the  
 2197 licensee may provide for safekeeping of the client's personal  
 2198 effects of a value in excess of \$1,000.

2199 (5) Funds or other property belonging to or due to a  
 2200 client or expendable for the client's account that are received  
 2201 by a licensee shall be regarded as funds held in trust and shall  
 2202 be kept separate from the funds and property of the licensee and  
 2203 other clients or shall be specifically credited to the client.  
 2204 The funds held in trust shall be used or otherwise expended only  
 2205 for the account of the client. At least once every month, except  
 2206 pursuant to an order of a court of competent jurisdiction, the  
 2207 licensee shall furnish the client and, if applicable, the  
 2208 client's representative with a complete and verified statement  
 2209 of all funds and other property to which this subsection  
 2210 applies, detailing the amount and items received, together with

2211 their sources and disposition. The licensee shall furnish the  
 2212 statement annually and upon discharge or transfer of a client. A  
 2213 governmental agency or private charitable agency contributing  
 2214 funds or other property to the account of a client is also  
 2215 entitled to receive a statement monthly and upon the discharge  
 2216 or transfer of the client.

2217 (6) (a) In addition to any damages or civil penalties to  
 2218 which a person is subject, a person who:

2219 1. Intentionally withholds a client's personal funds,  
 2220 personal property, or personal needs allowance;

2221 2. Demands, beneficially receives, or contracts for  
 2222 payment of all or any part of a client's personal property or  
 2223 personal needs allowance in satisfaction of the facility rate  
 2224 for supplies and services; or

2225 3. Borrows from or pledges any personal funds of a client,  
 2226 other than the amount agreed to by written contract under s.  
 2227 429.24,

2228  
 2229 commits a misdemeanor of the first degree, punishable as  
 2230 provided in s. 775.082 or s. 775.083.

2231 (b) A licensee or administrator, or an employee, or  
 2232 representative thereof, who is granted power of attorney for a  
 2233 client and who misuses or misappropriates funds obtained through  
 2234 this power commits a felony of the third degree, punishable as  
 2235 provided in s. 775.082, s. 775.083, or s. 775.084.

2236 (7) In the event of the death of a client, a licensee

2237 shall return all refunds, funds, and property held in trust to  
 2238 the client's personal representative, if one has been appointed  
 2239 at the time the licensee disburses such funds, or, if not, to  
 2240 the client's spouse or adult next of kin named in a beneficiary  
 2241 designation form provided by the licensee to the client. If the  
 2242 client does not have a spouse or adult next of kin or such  
 2243 person cannot be located, funds due to be returned to the client  
 2244 shall be placed in an interest-bearing account, and all property  
 2245 held in trust by the licensee shall be safeguarded until such  
 2246 time as the funds and property are disbursed pursuant to the  
 2247 Florida Probate Code. The funds shall be kept separate from the  
 2248 funds and property of the licensee and other clients of the  
 2249 facility. If the funds of the deceased client are not disbursed  
 2250 pursuant to the Florida Probate Code within 2 years after the  
 2251 client's death, the funds shall be deposited in the Health Care  
 2252 Trust Fund administered by the agency.

2253 (8) The agency, by rule, may clarify terms and specify  
 2254 procedures and documentation necessary to administer the  
 2255 provisions of this section relating to the proper management of  
 2256 clients' funds and personal property and the execution of surety  
 2257 bonds.

2258 400.9982 Rules establishing standards.—

2259 (1) It is the intent of the Legislature that rules adopted  
 2260 and enforced pursuant to this part and part II of chapter 408  
 2261 include criteria to ensure reasonable and consistent quality of  
 2262 care and client safety. The rules should make reasonable efforts

2263 to accommodate the needs and preferences of the client to  
 2264 enhance the client's quality of life while residing in a  
 2265 transitional living facility.

2266 (2) The agency may adopt and enforce rules to implement  
 2267 this part and part II of chapter 408, which shall include  
 2268 reasonable and fair criteria with respect to:

2269 (a) The location of transitional living facilities.

2270 (b) The qualifications of personnel, including management,  
 2271 medical, nursing, and other professional personnel and nursing  
 2272 assistants and support staff, who are responsible for client  
 2273 care. The licensee must employ enough qualified professional  
 2274 staff to carry out and monitor interventions in accordance with  
 2275 the stated goals and objectives of each comprehensive treatment  
 2276 plan.

2277 (c) Requirements for personnel procedures, reporting  
 2278 procedures, and documentation necessary to implement this part.

2279 (d) Services provided to clients of transitional living  
 2280 facilities.

2281 (e) The preparation and annual update of a comprehensive  
 2282 emergency management plan in consultation with the Division of  
 2283 Emergency Management. At a minimum, the rules must provide for  
 2284 plan components that address emergency evacuation  
 2285 transportation; adequate sheltering arrangements; postdisaster  
 2286 activities, including provision of emergency power, food, and  
 2287 water; postdisaster transportation; supplies; staffing;  
 2288 emergency equipment; individual identification of clients and

2289 transfer of records; communication with families; and responses  
 2290 to family inquiries.

2291 400.9983 Violations; penalties.—A violation of this part  
 2292 or any rule adopted pursuant thereto shall be classified  
 2293 according to the nature of the violation and the gravity of its  
 2294 probable effect on facility clients. The agency shall indicate  
 2295 the classification on the written notice of the violation as  
 2296 follows:

2297 (1) Class "I" violations are defined in s. 408.813. The  
 2298 agency shall issue a citation regardless of correction and  
 2299 impose an administrative fine of \$5,000 for an isolated  
 2300 violation, \$7,500 for a patterned violation, or \$10,000 for a  
 2301 widespread violation. Violations may be identified, and a fine  
 2302 must be levied, notwithstanding the correction of the deficiency  
 2303 giving rise to the violation.

2304 (2) Class "II" violations are defined in s. 408.813. The  
 2305 agency shall impose an administrative fine of \$1,000 for an  
 2306 isolated violation, \$2,500 for a patterned violation, or \$5,000  
 2307 for a widespread violation. A fine must be levied  
 2308 notwithstanding the correction of the deficiency giving rise to  
 2309 the violation.

2310 (3) Class "III" violations are defined in s. 408.813. The  
 2311 agency shall impose an administrative fine of \$500 for an  
 2312 isolated violation, \$750 for a patterned violation, or \$1,000  
 2313 for a widespread violation. If a deficiency giving rise to a  
 2314 class III violation is corrected within the time specified by

2315 the agency, the fine may not be imposed.

2316 (4) Class "IV" violations are defined in s. 408.813. The  
 2317 agency shall impose for a cited class IV violation an  
 2318 administrative fine of at least \$100 but not exceeding \$200 for  
 2319 each violation. If a deficiency giving rise to a class IV  
 2320 violation is corrected within the time specified by the agency,  
 2321 the fine may not be imposed.

2322 400.9984 Receivership proceedings.—The agency may apply s.  
 2323 429.22 with regard to receivership proceedings for transitional  
 2324 living facilities.

2325 400.9985 Interagency communication.—The agency, the  
 2326 department, the Agency for Persons with Disabilities, and the  
 2327 Department of Children and Families shall develop electronic  
 2328 systems to ensure that relevant information pertaining to the  
 2329 regulation of transitional living facilities and clients is  
 2330 timely and effectively communicated among agencies in order to  
 2331 facilitate the protection of clients. Electronic sharing of  
 2332 information shall include, at a minimum, a brain and spinal cord  
 2333 injury registry and a client abuse registry.

2334 Section 35. Section 400.805, Florida Statutes, is  
 2335 repealed.

2336 Section 36. The title of part V of chapter 400, Florida  
 2337 Statutes, consisting of sections 400.701 and 400.801, is  
 2338 redesignated as "INTERMEDIATE CARE FACILITIES."

2339 Section 37. Subsection (9) of section 381.745, Florida  
 2340 Statutes, is amended to read:

2341 381.745 Definitions; ss. 381.739-381.79.—As used in ss.  
 2342 381.739-381.79, the term:

2343 (9) "Transitional living facility" means a state-approved  
 2344 facility, ~~as defined and licensed under chapter 400 or chapter~~  
 2345 ~~429, or a facility approved by the brain and spinal cord injury~~  
 2346 ~~program in accordance with this chapter.~~

2347 Section 38. Section 381.75, Florida Statutes, is amended  
 2348 to read:

2349 381.75 Duties and responsibilities of the department, ~~of~~  
 2350 ~~transitional living facilities, and of residents.~~—Consistent  
 2351 with the mandate of s. 381.7395, the department shall develop  
 2352 and administer a multilevel treatment program for individuals  
 2353 who sustain brain or spinal cord injuries and who are referred  
 2354 to the brain and spinal cord injury program.

2355 (1) Within 15 days after any report of an individual who  
 2356 has sustained a brain or spinal cord injury, the department  
 2357 shall notify the individual or the most immediate available  
 2358 family members of their right to assistance from the state, the  
 2359 services available, and the eligibility requirements.

2360 (2) The department shall refer individuals who have brain  
 2361 or spinal cord injuries to other state agencies to ensure ~~assure~~  
 2362 that rehabilitative services, if desired, are obtained by that  
 2363 individual.

2364 (3) The department, in consultation with emergency medical  
 2365 service, shall develop standards for an emergency medical  
 2366 evacuation system that will ensure that all individuals who

2367 sustain traumatic brain or spinal cord injuries are transported  
 2368 to a department-approved trauma center that meets the standards  
 2369 and criteria established by the emergency medical service and  
 2370 the acute-care standards of the brain and spinal cord injury  
 2371 program.

2372 (4) The department shall develop standards for designation  
 2373 of rehabilitation centers to provide rehabilitation services for  
 2374 individuals who have brain or spinal cord injuries.

2375 (5) The department shall determine the appropriate number  
 2376 of designated acute-care facilities, inpatient rehabilitation  
 2377 centers, and outpatient rehabilitation centers, needed based on  
 2378 incidence, volume of admissions, and other appropriate criteria.

2379 (6) The department shall develop standards for designation  
 2380 of transitional living facilities to provide transitional living  
 2381 services for individuals who participate in the brain and spinal  
 2382 cord injury program ~~the opportunity to adjust to their~~  
 2383 ~~disabilities and to develop physical and functional skills in a~~  
 2384 ~~supported living environment.~~

2385 ~~(a) The Agency for Health Care Administration, in~~  
 2386 ~~consultation with the department, shall develop rules for the~~  
 2387 ~~licensure of transitional living facilities for individuals who~~  
 2388 ~~have brain or spinal cord injuries.~~

2389 ~~(b) The goal of a transitional living program for~~  
 2390 ~~individuals who have brain or spinal cord injuries is to assist~~  
 2391 ~~each individual who has such a disability to achieve a higher~~  
 2392 ~~level of independent functioning and to enable that person to~~

2393 ~~recenter the community. The program shall be focused on preparing~~  
 2394 ~~participants to return to community living.~~

2395 ~~(c) A transitional living facility for an individual who~~  
 2396 ~~has a brain or spinal cord injury shall provide to such~~  
 2397 ~~individual, in a residential setting, a goal-oriented treatment~~  
 2398 ~~program designed to improve the individual's physical,~~  
 2399 ~~cognitive, communicative, behavioral, psychological, and social~~  
 2400 ~~functioning, as well as to provide necessary support and~~  
 2401 ~~supervision. A transitional living facility shall offer at least~~  
 2402 ~~the following therapies: physical, occupational, speech,~~  
 2403 ~~neuropsychology, independent living skills training, behavior~~  
 2404 ~~analysis for programs serving brain-injured individuals, health~~  
 2405 ~~education, and recreation.~~

2406 ~~(d) All residents shall use the transitional living~~  
 2407 ~~facility as a temporary measure and not as a permanent home or~~  
 2408 ~~domicile. The transitional living facility shall develop an~~  
 2409 ~~initial treatment plan for each resident within 3 days after the~~  
 2410 ~~resident's admission. The transitional living facility shall~~  
 2411 ~~develop a comprehensive plan of treatment and a discharge plan~~  
 2412 ~~for each resident as soon as practical, but no later than 30~~  
 2413 ~~days after the resident's admission. Each comprehensive~~  
 2414 ~~treatment plan and discharge plan must be reviewed and updated~~  
 2415 ~~as necessary, but no less often than quarterly. This subsection~~  
 2416 ~~does not require the discharge of an individual who continues to~~  
 2417 ~~require any of the specialized services described in paragraph~~  
 2418 ~~(c) or who is making measurable progress in accordance with that~~

2419 ~~individual's comprehensive treatment plan. The transitional~~  
 2420 ~~living facility shall discharge any individual who has an~~  
 2421 ~~appropriate discharge site and who has achieved the goals of his~~  
 2422 ~~or her discharge plan or who is no longer making progress toward~~  
 2423 ~~the goals established in the comprehensive treatment plan and~~  
 2424 ~~the discharge plan. The discharge location must be the least~~  
 2425 ~~restrictive environment in which an individual's health, well-~~  
 2426 ~~being, and safety is preserved.~~

2427 ~~(7) Recipients of services, under this section, from any~~  
 2428 ~~of the facilities referred to in this section shall pay a fee~~  
 2429 ~~based on ability to pay.~~

2430 Section 39. Subsection (4) of section 381.78, Florida  
 2431 Statutes, is amended to read:

2432 381.78 Advisory council on brain and spinal cord  
 2433 injuries.-

2434 (4) The council shall:

2435 ~~(a)~~ provide advice and expertise to the department in the  
 2436 preparation, implementation, and periodic review of the brain  
 2437 and spinal cord injury program.

2438 ~~(b) Annually appoint a five member committee composed of~~  
 2439 ~~one individual who has a brain injury or has a family member~~  
 2440 ~~with a brain injury, one individual who has a spinal cord injury~~  
 2441 ~~or has a family member with a spinal cord injury, and three~~  
 2442 ~~members who shall be chosen from among these representative~~  
 2443 ~~groups: physicians, other allied health professionals,~~  
 2444 ~~administrators of brain and spinal cord injury programs, and~~

2445 ~~representatives from support groups with expertise in areas~~  
 2446 ~~related to the rehabilitation of individuals who have brain or~~  
 2447 ~~spinal cord injuries, except that one and only one member of the~~  
 2448 ~~committee shall be an administrator of a transitional living~~  
 2449 ~~facility. Membership on the council is not a prerequisite for~~  
 2450 ~~membership on this committee.~~

2451 ~~1. The committee shall perform onsite visits to those~~  
 2452 ~~transitional living facilities identified by the Agency for~~  
 2453 ~~Health Care Administration as being in possible violation of the~~  
 2454 ~~statutes and rules regulating such facilities. The committee~~  
 2455 ~~members have the same rights of entry and inspection granted~~  
 2456 ~~under s. 400.805(4) to designated representatives of the agency.~~

2457 ~~2. Factual findings of the committee resulting from an~~  
 2458 ~~onsite investigation of a facility pursuant to subparagraph 1.~~  
 2459 ~~shall be adopted by the agency in developing its administrative~~  
 2460 ~~response regarding enforcement of statutes and rules regulating~~  
 2461 ~~the operation of the facility.~~

2462 ~~3. Onsite investigations by the committee shall be funded~~  
 2463 ~~by the Health Care Trust Fund.~~

2464 ~~4. Travel expenses for committee members shall be~~  
 2465 ~~reimbursed in accordance with s. 112.061.~~

2466 ~~5. Members of the committee shall recuse themselves from~~  
 2467 ~~participating in any investigation that would create a conflict~~  
 2468 ~~of interest under state law, and the council shall replace the~~  
 2469 ~~member, either temporarily or permanently.~~

2470 Section 40. Subsection (5) of section 400.93, Florida

2471 Statutes, is amended to read:

2472 400.93 Licensure required; exemptions; unlawful acts;  
 2473 penalties.—

2474 (5) The following are exempt from home medical equipment  
 2475 provider licensure, unless they have a separate company,  
 2476 corporation, or division that is in the business of providing  
 2477 home medical equipment and services for sale or rent to  
 2478 consumers at their regular or temporary place of residence  
 2479 pursuant to the provisions of this part:

2480 (a) Providers operated by the Department of Health or  
 2481 Federal Government.

2482 (b) Nursing homes licensed under part II.

2483 (c) Assisted living facilities licensed under chapter 429,  
 2484 when serving their residents.

2485 (d) Home health agencies licensed under part III.

2486 (e) Hospices licensed under part IV.

2487 (f) Intermediate care facilities and~~7~~ homes for special  
 2488 services~~7~~ and ~~transitional living facilities~~ licensed under part  
 2489 V.

2490 (g) Transitional living facilities licensed under part XI.

2491 (h)~~(g)~~ Hospitals and ambulatory surgical centers licensed  
 2492 under chapter 395.

2493 (i)~~(h)~~ Manufacturers and wholesale distributors when not  
 2494 selling directly to consumers.

2495 (j)~~(i)~~ Licensed health care practitioners who use ~~utilize~~  
 2496 home medical equipment in the course of their practice~~7~~ but do

2497 not sell or rent home medical equipment to their patients.

2498 ~~(k)-(j)~~ Pharmacies licensed under chapter 465.

2499 Section 41. Subsection (21) of section 408.802, Florida  
2500 Statutes, is amended to read:

2501 408.802 Applicability.—The provisions of this part apply  
2502 to the provision of services that require licensure as defined  
2503 in this part and to the following entities licensed, registered,  
2504 or certified by the agency, as described in chapters 112, 383,  
2505 390, 394, 395, 400, 429, 440, 483, and 765:

2506 (21) Transitional living facilities, as provided under  
2507 part XI ~~∅~~ of chapter 400.

2508 Section 42. Subsection (20) of section 408.820, Florida  
2509 Statutes, is amended to read:

2510 408.820 Exemptions.—Except as prescribed in authorizing  
2511 statutes, the following exemptions shall apply to specified  
2512 requirements of this part:

2513 (20) Transitional living facilities, as provided under  
2514 part XI ~~∅~~ of chapter 400, are exempt from s. 408.810(10).

2515 Section 43. Effective July 1, 2015, a transitional living  
2516 facility licensed before the effective date of this act pursuant  
2517 to s. 400.805, Florida Statutes, must be licensed under part XI  
2518 of chapter 400, Florida Statutes, as created by this act.

2519 Section 44. Section 752.011, Florida Statutes, is created  
2520 to read:

2521 752.011 Petition for grandparent visitation of a minor  
2522 child.—A grandparent of a minor child whose parents are

2523 deceased, missing, or in a permanent vegetative state, or whose  
 2524 one parent is deceased, missing, or in a permanent vegetative  
 2525 state and whose other parent has been convicted of a felony or  
 2526 an offense of violence, may petition the court for visitation  
 2527 with the grandchild under this section.

2528 (1) Upon the filing of a petition by a grandparent for  
 2529 visitation, the court shall hold a preliminary hearing to  
 2530 determine whether the petitioner has made a prima facie showing  
 2531 of parental unfitness or significant harm to the child. Absent  
 2532 such a showing, the court shall dismiss the petition and shall  
 2533 award reasonable attorney fees and costs to be paid by the  
 2534 petitioner to the respondent.

2535 (2) If the court finds that there is prima facie evidence  
 2536 that a parent is unfit or that there is significant harm to the  
 2537 child, the court shall proceed with a final hearing, may appoint  
 2538 a guardian ad litem, and shall refer the matter to family  
 2539 mediation as provided in s. 752.015.

2540 (3) After conducting a final hearing on the issue of  
 2541 visitation, the court may award reasonable visitation to the  
 2542 grandparent with respect to the minor child if the court finds  
 2543 by clear and convincing evidence that a parent is unfit or that  
 2544 there is significant harm to the child, that visitation is in  
 2545 the best interest of the minor child, and that the visitation  
 2546 will not materially harm the parent-child relationship.

2547 (4) In assessing the best interest of the child under  
 2548 subsection (3), the court shall consider the totality of the

2549 circumstances affecting the mental and emotional well-being of  
 2550 the minor child, including:

2551 (a) The love, affection, and other emotional ties existing  
 2552 between the minor child and the grandparent, including those  
 2553 resulting from the relationship that had been previously allowed  
 2554 by the child's parent.

2555 (b) The length and quality of the previous relationship  
 2556 between the minor child and the grandparent, including the  
 2557 extent to which the grandparent was involved in providing  
 2558 regular care and support for the child.

2559 (c) Whether the grandparent established ongoing personal  
 2560 contact with the minor child before the death of the parent.

2561 (d) The reasons cited by the surviving parent in ending  
 2562 contact or visitation between the minor child and the  
 2563 grandparent.

2564 (e) Whether there has been significant and demonstrable  
 2565 mental or emotional harm to the minor child as a result of the  
 2566 disruption in the family unit, whether the child derived support  
 2567 and stability from the grandparent, and whether the continuation  
 2568 of such support and stability is likely to prevent further harm.

2569 (f) The existence or threat to the minor child of mental  
 2570 injury as defined in s. 39.01.

2571 (g) The present mental, physical, and emotional health of  
 2572 the minor child.

2573 (h) The present mental, physical, and emotional health of  
 2574 the grandparent.

2575 (i) The recommendations of the minor child's guardian ad  
 2576 litem, if one is appointed.

2577 (j) The result of any psychological evaluation of the  
 2578 minor child.

2579 (k) The preference of the minor child if the child is  
 2580 determined to be of sufficient maturity to express a preference.

2581 (l) A written testamentary statement by the deceased  
 2582 parent regarding visitation with the grandparent. The absence of  
 2583 a testamentary statement is not deemed to provide evidence that  
 2584 the deceased parent would have objected to the requested  
 2585 visitation.

2586 (m) Other factors that the court considers necessary in  
 2587 making its determination.

2588 (5) In assessing material harm to the parent-child  
 2589 relationship under subsection (3), the court shall consider the  
 2590 totality of the circumstances affecting the parent-child  
 2591 relationship, including:

2592 (a) Whether there have been previous disputes between the  
 2593 grandparent and the parent over childrearing or other matters  
 2594 related to the care and upbringing of the minor child.

2595 (b) Whether visitation would materially interfere with or  
 2596 compromise parental authority.

2597 (c) Whether visitation can be arranged in a manner that  
 2598 does not materially detract from the parent-child relationship,  
 2599 including the quantity of time available for enjoyment of the  
 2600 parent-child relationship and any other consideration related to

2601 disruption of the schedule and routine of the parent and the  
 2602 minor child.

2603 (d) Whether visitation is being sought for the primary  
 2604 purpose of continuing or establishing a relationship with the  
 2605 minor child with the intent that the child benefit from the  
 2606 relationship.

2607 (e) Whether the requested visitation would expose the  
 2608 minor child to conduct, moral standards, experiences, or other  
 2609 factors that are inconsistent with influences provided by the  
 2610 parent.

2611 (f) The nature of the relationship between the child's  
 2612 parent and the grandparent.

2613 (g) The reasons cited by the parent in ending contact or  
 2614 visitation between the minor child and the grandparent which was  
 2615 previously allowed by the parent.

2616 (h) The psychological toll of visitation disputes on the  
 2617 minor child.

2618 (i) Other factors that the court considers necessary in  
 2619 making its determination.

2620 (6) Part II of chapter 61applies to actions brought under  
 2621 this section.

2622 (7) If actions under this section and s. 61.13 are pending  
 2623 concurrently, the courts are strongly encouraged to consolidate  
 2624 the actions in order to minimize the burden of litigation on the  
 2625 minor child and the other parties.

2626 (8) An order for grandparent visitation may be modified

2627 upon a showing by the person petitioning for modification that a  
 2628 substantial change in circumstances has occurred and that  
 2629 modification of visitation is in the best interest of the minor  
 2630 child.

2631 (9) An original action requesting visitation under this  
 2632 section may be filed by a grandparent only once during any 2-  
 2633 year period, except on good cause shown that the minor child is  
 2634 suffering, or may suffer, significant and demonstrable mental or  
 2635 emotional harm caused by a parental decision to deny visitation  
 2636 between a minor child and the grandparent, which was not known  
 2637 to the grandparent at the time of filing an earlier action.

2638 (10) This section does not provide for grandparent  
 2639 visitation with a minor child placed for adoption under chapter  
 2640 63 except as provided in s. 752.071 with respect to adoption by  
 2641 a stepparent or close relative.

2642 (11) Venue shall be in the county where the minor child  
 2643 primarily resides, unless venue is otherwise governed by chapter  
 2644 39, chapter 61, or chapter 63.

2645 Section 45. Section 752.071, Florida Statutes, is created  
 2646 to read:

2647 752.071 Effect of adoption by stepparent or close  
 2648 relative.—After the adoption of a minor child by a stepparent or  
 2649 close relative, the stepparent or close relative may petition  
 2650 the court to terminate an order granting grandparent visitation  
 2651 under this chapter which was entered before the adoption. The  
 2652 court may terminate the order unless the grandparent is able to

2653 show that the criteria of s. 752.011 authorizing the visitation  
 2654 continue to be satisfied.

2655 Section 46. Section 752.015, Florida Statutes, is amended  
 2656 to read:

2657 752.015 Mediation of visitation disputes.—It is ~~shall be~~  
 2658 the public policy of this state that families resolve  
 2659 differences over grandparent visitation within the family. It is  
 2660 ~~shall be~~ the further public policy of this state that, when  
 2661 families are unable to resolve differences relating to  
 2662 grandparent visitation, that ~~the~~ family participate in any  
 2663 formal or informal mediation services that may be available. If  
 2664 ~~When~~ families are unable to resolve differences relating to  
 2665 grandparent visitation and a petition is filed pursuant to s.  
 2666 752.011 ~~s. 752.01~~, the court shall, if such services are  
 2667 available in the circuit, refer the case to family mediation in  
 2668 accordance with the Florida Family Law Rules of Procedure ~~rules~~  
 2669 ~~promulgated by the Supreme Court.~~

2670 Section 47. Section 752.01, Florida Statutes, is repealed.

2671 Section 48. Section 752.07, Florida Statutes, is repealed.

2672 Section 49. Paragraph (a) of subsection (6) of section  
 2673 395.003, Florida Statutes, is amended to read:

2674 395.003 Licensure; denial, suspension, and revocation.—

2675 (6) (a) A specialty hospital may not provide any service or  
 2676 regularly serve any population group beyond those services or  
 2677 groups specified in its license. A ~~specialty-licensed children's~~  
 2678 hospital that is authorized to provide pediatric cardiac

2679 catheterization and pediatric open-heart surgery services may  
 2680 provide cardiovascular service to adults who, as children, were  
 2681 previously served by the hospital for congenital heart disease,  
 2682 or to ~~those~~ patients who are referred only for a specialized  
 2683 procedure ~~only~~ for congenital heart disease by an adult  
 2684 hospital, without obtaining additional licensure as a provider  
 2685 of adult cardiovascular services. The agency may request  
 2686 documentation as needed to support patient selection and  
 2687 treatment. This subsection does not apply to a specialty-  
 2688 licensed children's hospital that is already licensed to provide  
 2689 adult cardiovascular services.

2690 Section 50. Subsection (7) of section 400.474, Florida  
 2691 Statutes, is amended to read:

2692 400.474 Administrative penalties.—

2693 (7) A home health agency shall electronically submit to  
 2694 the agency, ~~within 15 days after the end of each calendar~~  
 2695 ~~quarter,~~ a ~~written~~ report for each 6-month period ending March  
 2696 31 and September 30.

2697 (a) Each report must include ~~that includes~~ the following  
 2698 data as it ~~they~~ existed on the last day of the reporting period  
 2699 ~~quarter~~:

2700 1.(a) The number of insulin-dependent diabetic patients  
 2701 who receive insulin-injection services from the home health  
 2702 agency.

2703 2.(b) The number of patients who receive both home health  
 2704 services from the home health agency and hospice services.

2705            3.~~(e)~~ The number of patients who receive home health  
 2706 services from the home health agency.

2707            4.~~(d)~~ The name and license number of each nurse whose  
 2708 primary job responsibility is to provide home health services to  
 2709 patients and who received remuneration from the home health  
 2710 agency in excess of \$50,000 ~~\$25,000~~ during the reporting period  
 2711 ~~calendar quarter~~.

2712            (b) If the home health agency fails to submit the ~~written~~  
 2713 ~~quarterly~~ report within 15 days after the end of the applicable  
 2714 reporting period ~~each calendar quarter~~, the agency ~~for Health~~  
 2715 ~~Care Administration~~ shall impose a fine of \$200 per day against  
 2716 the home health agency ~~in the amount of \$200 per day~~ until the  
 2717 agency ~~for Health Care Administration~~ receives the report,  
 2718 except that the total fine imposed pursuant to this subsection  
 2719 may not exceed \$5,000 per reporting period ~~quarter~~. A home  
 2720 health agency is exempt from submission of the report and the  
 2721 imposition of the fine if it is not a Medicaid or Medicare  
 2722 provider ~~or if it does not share a controlling interest with a~~  
 2723 ~~licensee, as defined in s. 408.803, which bills the Florida~~  
 2724 ~~Medicaid program or the Medicare program.~~

2725            Section 51. Except as otherwise provided herein, this act  
 2726 shall take effect July 1, 2014.

2727